

**Kentucky FY 2012
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2012

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Executive Summary

This work plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2012. It is submitted by the Kentucky Department for Public Health (DPH) as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY 2012 Preventive Health and Health Services Block Grant is \$1,008,785 including the mandatory sex offense set aside. This amount is based on a funding update allocation table distributed by CDC in August, 2012.

Proposed Allocation and Funding Priorities for FY 2011

Sexual Assault-Rape Crisis (HO 15-35): \$97,025 of this total is a mandatory allocation to the Kentucky Department for Community Based Services (DCBS), which provides this funding to thirteen Kentucky Rape Crisis Centers and their statewide coalition to provide medical and legal advocacy services to victims of rape and other sex offenses.

Health Care Access (HO 1-6): \$50,000 of this total will be utilized by the Healthcare Access Branch of DPH in coordination with the Kentucky Physicians Care Program, a network of volunteer physicians, dentists, and pharmacies who provide free or discount services to the uninsured.

Community Health Action Teams (HO 7-10): \$319,619 will be utilized to support the infrastructure of the Healthy Communities Program in Kentucky by providing training and technical assistance to local coalitions to develop policy, environmental and systems change strategies that will impact population health. This will include building infrastructure for a worksite wellness council and training for small businesses.

Clinical Preventive Competency (HO 1-4): \$24,000 will be utilized to fund a Chronic Disease Initiative program which will emphasize the chronic disease self-management classes, competency of staff providing adult preventive exams and quality improvement initiatives and team led processes.

Chronic Obstructive Disease Program (COPD HO 24-10): \$15,000 will be used to fund capacity for the state burden document and state strategic plan and education for public health professionals and providers. Kentucky has one of the highest burdens of prevalence, hospitalization costs and mortality from COPD and has no other source of funding.

Colon Cancer Prevention (HO 3-5): \$144,600 will be used to provide fund a 1.0 FTE program manager position a statewide awareness campaign, and pilot projects in local communities. Colon cancer is largely preventable with screening and Kentucky has a high prevalence and mortality rate.

Physical Activity Program (Adult HO 22-1 and Child HO 22-6): \$200,421 provides funding to local health departments for evidence based community physical activity programs and policy initiatives focusing on the built environment in order to impact individuals throughout the life continuum. This program places 100% of the funds out into the local communities through the local health departments.

Osteoporosis Program (HO 2-9): \$74,120 will be used to provide funding for .5 FTE for a Bone and Joint Coordinator and to select sites in local/district health departments in Kentucky to provide awareness and education on Osteoporosis. A Matter of Balance and Falls Prevention Coalitions are projects for this program.

Administrative costs associated with the Preventive Health Block Grant total \$84,000 which is 9.8% of the grant. These costs include funding 1 FTE to coordinate the preparation, annual reporting, evaluation and program meetings as well as communication with and holding required block grant meetings of the State Preventive Health Advisory Committee, and public hearings. This funding also support IT needs for reporting such as the Office of Information Technology/DataMart support.

The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the *National Health Promotion and Disease Prevention Objectives in Healthy People 2010*.

State Program Title: Chronic Obstructive Pulmonary Disease Program

State Program Strategy:

Goal: The Chronic Obstructive Pulmonary Disease Program (COPDP) is committed to reducing morbidity and mortality due to COPD in Kentuckians.

Priorities: The Kentucky Department for Public Health (DPH) in cooperation with multiple partners will develop, publish, and distribute the COPD Surveillance Document and the COPD state strategic plan. Both of these publications will be available on the DPH website for download.

In 2007, along with the Kentucky State legislature adopting a resolution addressing COPD, the Chronic Disease Branch established the Respiratory Disease Program which included the COPDP with funding from the PHHSBG to identify COPD as a chronic disease with substantial cost burdens to the patient, community, and to Medicaid.

The COPD Coalition Education and Public Awareness and Assessment and Treatment subcommittees planned and convened the first annual COPD Summit. The COPD Coalition also conducted a screening event at the Kentucky State Fair, promoted the COPD Learn More Breathe Better Campaign and held screening events with grant funds received by NHLBI with the COPD Foundation Mobile Spirometry Screening Unit in four eastern Kentucky locations, co-sponsored with the Tobacco Control Program four "Lunch-n-Learn" for primary care providers prior to COPD Awareness Month, and participated in the Pulmonary Symposium sponsored by the Kentucky Lung Association

Persons with COPD need to be aware of the risk factors and symptoms of their disease and encouraged to be diagnosed early to begin treatment to improve COPD symptoms. Patients should work in collaboration with their health care providers to help them manage their condition using best practice guidelines such as spirometry and appropriate medications.

Because smoking is the number one cause of chronic obstructive pulmonary disease (COPD), smoking cessation is an important component of managing COPD symptoms. COPD Program will also be working to encourage a policy and systems change for tobacco cessation to be covered by employers' health benefit packages. The COPD will also be able to utilize the Tobacco Coordinators at the local health departments to reach COPD patients who continue to smoke with their smoking cessation classes. On September 1, 2010 the Tobacco Control Program and Medicaid made available tobacco cessation medication and counseling benefits to Kentucky Medicaid members.

Primary Strategic Partners: Internal partners include Environmental Health, Healthcare Access, Health Promotion Branch (Tobacco Prevention and Cessation Program) and Medicaid Services. External partners include the American Lung Association, COPD Foundation, National Heart Lung and Blood Institute, Passport (MA Managed Care), local and district health departments, universities, Kentucky Medical Association (KMA), private physicians and the Centers for Disease Control and Prevention.

Evaluation Methodology: BRFSS data and hospitalization data will be used to evaluate progress toward achieving the primary goal of reducing morbidity and mortality related to COPD. Both data sources are available on an annual basis. Additional surveys will be utilized to collect data to identify education and awareness gaps in terms of symptoms, medication use, and self-management of COPD. One-page fact sheets and data documents will be updated every one to two years and it is anticipated that a burden document will be produced at least every five years.

National Health Objective: 24-10 Chronic Obstructive Pulmonary Disease (COPD)

State Health Objective(s):

Between 12/2007 and 12/2014, Reduce the COPD hospitalization rate to no more than 50 per 10,000

population.

State Health Objective Status

In Progress

State Health Objective Outcome

The current COPD hospitalization rate for 2011 in Kentucky is 51 per 10,000 population. In 2010 the rate was 46 per 10,000 and in 2004 it was 68.3 per 10,000 population. Therefore there is still much work to be done in reduction of smoking and exposure to second hand smoke in Kentucky. Smoking or exposure to second hand smoke is a primary risk factor for about 80% of the people who currently have COPD. Research shows that genetic predisposition, poorly controlled asthma through life, and lung infections are risk factors for the other 20%. Kentucky is fortunate that the Office of Health Policy collects and shares hospitalization data by county and hospital which will further enhance the ability of chronic disease program and coalitions to address this very burdensome disease.

Reasons for Success or Barriers/Challenges to Success

Kentucky continues to have a high rate of current and former smokers and has no statewide smokefree law so new people will continue to be diagnosed with COPD and hospitalized if they do not receive adequate care. Additionally many people do not know how to manage COPD and some do not know how to stop smoking.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with community coalitions, providers and experts within the state to develop a state plan for addressing COPD.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

We are working with the University of Kentucky Pulmonary Research Lab and other experts in the state to develop the state plan and objectives. All interventions are accomplished with partner's indirect support.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1: **COPD Data Summaries**

Between 10/2011 and 09/2012, The COPD Program Manager in collaboration with the COPD coalition will publish 2 existing or newly created data summary reports.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The COPD Program Manager in collaboration with the COPD coalition published zero existing or newly created data summary reports.

Reasons for Success or Barriers/Challenges to Success

There has been little progress on the data summary reports and burden document due to changes in priorities. However, at a large stakeholders meeting in November 2011, data on COPD burden was shared with all present and the data presentation was widely shared on a large list serve for leaders and community partners.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Chronic Disease Prevention Branch will continue to work to assign appropriate staff to completing the COPD burden report and fact sheets.

Activity 1:
COPD Fact Sheet

Between 10/2011 and 09/2012, Develop a one page COPD fact sheet/summary of prevalence, hospitalization and mortality data for use by all partners in the state.

Activity Status
Not Started

Activity Outcome
N/A

Reasons for Success or Barriers/Challenges to Success

Due to staffing changes and lack of epidemiology and program manager, this fact sheet has not been completed.

Strategies to Achieve Success or Overcome Barriers/Challenges

Looking forward to the next year, the COPD burden report will be minimized to particularly salient information by a student completing a practicum in the department and only one fact sheet will be produced.

Activity 2:
COPD Burden Document

Between 10/2011 and 09/2012, Work in collaboration with the KY Office of Health Policy, the KY Lung Association, the COPD steering committee and the KY BRFSS program to create a document that describes the burden of COPD in Kentucky which can be posted on the DPH website for access by providers, organizations and the public.

Activity Status
Not Completed

Activity Outcome
Although a draft of the document exists, it has not been updated with current data that is available and will not be published without those revisions.

Reasons for Success or Barriers/Challenges to Success
Staffing changes.

Strategies to Achieve Success or Overcome Barriers/Challenges

Utilize the services of a MPH/DrPH practicum student in Epidemiology and request support from experienced staff.

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:
COPD Best Practice

Between 10/2011 and 09/2012, the Kentucky COPD Program in collaboration with the steering committee and the KY Lung Association will conduct one annual COPD Summit to provide training on COPD best practices.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the Kentucky COPD Program in collaboration with the steering committee and the KY Lung Association conducted zero annual COPD Summit to provide training on COPD best practices.

Reasons for Success or Barriers/Challenges to Success

There was no statewide summit held during this grant period. This was due to competing priorities for staff time and staff turnover in the Respiratory Disease Program.

Strategies to Achieve Success or Overcome Barriers/Challenges

Assist the new Respiratory Disease Program Manager and the Chronic Disease Training Coordinator to develop and schedule a Summit. This will be done in partnership with a newly constructed COPD leadership committee.

Activity 1:

COPD Summit

Between 12/2011 and 09/2012, The COPD program in collaboration partners will hold an annual state COPD Summit to provide training on COPD best practices.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

There was no COPD Summit in Kentucky during this grant period. The American Lung Association who had previously assisted with the planning, development and completion of this Summit did not have staff or matching funds

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with internal staff and external partners to host this important meeting.

Activity 2:

Evaluation of COPD training modules

Between 06/2012 and 09/2012, Online evaluations and surveys will be developed through the TRAIN online system in collaboration with Workforce Development in order to analyze the impact of training.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

This training has not been completed. This was to be done collaboration with the American Lung Association.

Alternative training opportunities have been shared with the coalition members that are available from other sites.

Strategies to Achieve Success or Overcome Barriers/Challenges

With new staff at the American Lung Association in Kentucky and renewed interest in COPD we hope to be able to bring some training on COPD diagnosis and management to the public-private partnership.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Integrated Tobacco Cessation Message

Between 10/2011 and 09/2012, the Kentucky Respiratory Disease Program in collaboration with the Kentucky Tobacco Control Program will establish two integrated program activities and related to COPD and smoking.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the Kentucky Respiratory Disease Program in collaboration with the Kentucky Tobacco Control Program established two integrated program activities and related to COPD and smoking.

Reasons for Success or Barriers/Challenges to Success

Learn More Breath Better a COPD Foundation training, and Cooper Clayton smoking cessation has been utilized successfully in multiple sites. Each local health department in Kentucky receives funding from the Tobacco Settlement to have a staff assigned as a Tobacco Coordinator. They are responsible for conducting Cooper Clayton classes in the community.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work effectively with the Kentucky Tobacco Control Program and local/district health departments.

Activity 1:**Pharmacotherapy Provider Education**

Between 10/2011 and 09/2012, In cooperation with the Kentucky Tobacco Control Program, engage and educate providers on reimbursement for recommended pharmacotherapy for smoking cessation.

Activity Status

Completed

Activity Outcome

The Tobacco Control Program has provided information to providers on reimbursement regulations for Medicare and Medicaid ongoing.

Reasons for Success or Barriers/Challenges to Success

- The Tobacco Control Program maintains a dedicated Nurse Coordinator Position for this activity
- Providers desire reimbursement if they educate and also want to help patients get products that are paid reimbursed by the payer.
- Three new Medicaid Managed Care Organizations have moved into the state and each is handling pharmacotherapy differently, but all are instructed to provide coverage

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with the Kentucky Tobacco Control Program with their resources.

Activity 2:**Health Underwriters Project**

Between 10/2011 and 09/2012, The COPD Program using the Tobacco Program Coordinator will provide one toolkit to the Kentucky Association of Health Underwriters to encourage Kentucky employers to provide tobacco cessation coverage as part of employee insurance plans.

Activity Status

Completed

Activity Outcome

During this grant period, the Tobacco Program Coordinator again updated and provided the toolkit to the Kentucky Association of Health Underwriters. This method gets the information out to multiple insurance agents who market individually in small towns across Kentucky as well as to large insurers.

Reasons for Success or Barriers/Challenges to Success

- The Tobacco Program has maintained this toolkit.
- Insurance underwriters are receptive

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work collaboratively with the Kentucky Tobacco Control Program.

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Support policies and plans related to COPD

Between 10/2011 and 09/2012, The COPD Program will identify **two** methods of supporting policy and plans in order to decrease the burden of COPD in Kentucky.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The COPD Program identified **one** methods of supporting policy and plans in order to decrease the burden of COPD in Kentucky.

Reasons for Success or Barriers/Challenges to Success

Staffing changes in the American Lung Association of Kentucky and within the KDPH Respiratory Disease Program prevented this work from being completed.

Strategies to Achieve Success or Overcome Barriers/Challenges

New staff has been hired at ALA KY and the program manager position has been filled at KDPH.

Activity 1:

COPD Strategic Plan

Between 10/2011 and 09/2012, Work in collaboration with the Kentucky COPD coalition, partners, and the University of Kentucky to develop a Kentucky COPD strategic plan which will be posted on the KDPH website and disseminated to partners.

Activity Status

Not Completed

Activity Outcome

The COPD state plan is in draft form, but has not been published to our website or widely disseminated as was planned.

Reasons for Success or Barriers/Challenges to Success

- Staffing changes within KDPH in the Respiratory Disease Program
- Changes in American Lung Association support and infrastructure
- No newly assigned DrPH practicum student who could complete the work

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continue to work in partnership with the newly convened combined COPD/Asthma Leadership team
- Engage new partners such as the KY Hospital Association who has a marked interest and stake in hospital admissions for COPD and readmission patterns

Activity 2:**Restriction on smoking in public places**

Between 10/2011 and 09/2012, Work in collaboration with the Tobacco Control Program , the Center for Smoke Free Policy and collaborative partners to obtain restrictions on smoking in work and public places.

Activity Status

Completed

Activity Outcome

Although there is still no comprehensive Smoke Free Policy for the state, new communities, worksites, colleges and universities and school boards have passed ordinances increasing coverage to almost 40% of the Kentucky population. There are many areas with 24/7 Tobacco Free schools in Kentucky.

Although work was completed in providing technical assistance and coalition support, until Kentucky has a statewide smoke free law, this work is not considered complete.

Reasons for Success or Barriers/Challenges to Success

There are many advocacy groups and individual coalitions, and health departments who are working on community ordinances and support of a statewide smoke free law. The American Heart Association and the American Cancer Society and the Center for Smokefree Policy at the University of Kentucky are providing much technical assistance and advocacy efforts.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work effectively in partnerships with internal and external partners and the Kentucky Smokefree Coalition.

State Program Title: Clinical Preventive Competency

State Program Strategy:

GOAL: The Chronic Disease Initiative will focus on increasing collaboration and integration of chronic disease programs both within the Department for Public Health and with external partners. Special focus will be to enhance the capacity of health professionals and other partners to utilize best practice guidelines for chronic disease care and disease management and moving patients with chronic disease into and through the continuum of care through patient navigation in order to decrease disability and death.

PRIORITIES: Health Care Reform has established priority areas in Clinical Preventive Services and Health Services, which included both access and barrier issues in primary and preventive health care. Many disparities remain and the intent is to eliminate as many of these disparities as possible. Attention to prevention and quality will demonstrate improved health care delivery and outcomes through an emphasis on:

- *Evidence-based decision support tools for providers
- *Support of patient self-management as a core element
- *Patient Navigation through the healthcare system
- *Multidisciplinary health care teams and collaborative efforts

Primary Strategic Partners:

Internal: State Programs for Tobacco Control, Obesity and Nutrition, Physical Activity, Heart Disease and Stroke, Osteoporosis and Arthritis, COPD and Asthma, Oral Health, Colon Cancer and Breast and Cervical Cancer, and Diabetes Prevention and Control, Health Care Access Branch, Department for Medicaid Services, Department for Aging and Independent Living and Worksite Wellness.

External: Kentucky Medical Association, Humana and Passport (Medicaid Managed Care) Health Plans, Health Care Excel (state QIO), Universities of Louisville and Kentucky, State Office of Minority Empowerment, local and district health departments, Federally Qualified Health Centers, faith based communities and the Free Clinic Association.

Role of the PHHSBG: Provided startup funds in FY 2008 for a Chronic Disease Initiative beginning with a consistent message addressing chronic disease called "Everything Counts". This program will now be managed through a collaborative approach in the Chronic Disease Prevention Branch. The specific activities will be to develop partnerships with internal and external groups and partners as listed above. Selection and distribution of preventive care and self-management evidence based materials and support information will be expected. NACDD Chronic Disease Competencies will be promoted to local/district health department staff in order to assist with accreditation needs. The Chronic Disease Program is located within the Division of Prevention and Quality Improvement/Chronic Disease Prevention Branch.

Evaluation Methodology: The effectiveness of the program will be evaluated internally through reporting and surveys related to the Unnatural Causes DVD, CDSMP program, as well as following KY BRFSS data related to risk factors, chronic diseases, and disability. Additional data from Medicaid, BRFSS and the Office of Health Policy will be shared and reviewed. Categorical state plans and burden documents will be examined and utilized as a measurement of progress.

National Health Objective: 1-3 Counseling about Health Behaviors

State Health Objective(s):

Between 10/2007 and 09/2012, Between October 2007 and September 2012, increase the number of coordinated state plans from zero to one.

State Health Objective Status

Met

State Health Objective Outcome

The Kentucky Department for Public Health through the Chronic Disease Prevention Branch undertook the task of coordinating a chronic disease prevention and health promotion state plan in order to decrease duplication of tasks and leverage scarce resources of personnel, funding and time. This integrated project was undertaken by program managers funded from multiple resources, universities, private partners, providers and advocacy groups. The ensuing document is called Unbridled Health keeping with the Kentucky logo of Unbridled Spirit.

Reasons for Success or Barriers/Challenges to Success

This was a very successful endeavor and the time was ripe for accomplishing the task. For several years the individual programs had worked together to plan and implement shared projects such as the Healthy Community migrant process in Kentucky by sharing resources from PHHSBG, Tobacco Settlement and Chronic Disease state funding. As the plan was being developed particular attention was paid to the types of evidence based self-management including CDSMP, DSMT, Asthma Management, Arthritis Exercise, and health promotion counseling such as smoking cessation that make the most impact.

Strategies to Achieve Success or Overcome Barriers/Challenges

At the beginning of the process a leadership team of both internal DPH program managers and external partners were assembled to draft a template. A large stakeholders group of over 160 people across the state were then engaged to provide input and help prioritize strategies as well as help identify the most appropriate evidence based health promotion counseling techniques.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The PHHSBG supported approximately 10% of staff time of the Comprehensive Cancer Program Manager, the Worksite Wellness Coordinator, and the block grant coordinator. The main roles in this process were supported by the coordinated grant funding which are a project manager, facilitator, evaluator, and health policy specialist.

State funds support other staff including the Healthy Communities Coordinator, Chronic Disease Epidemiologist and multiple administrative roles here at KDPH. Local health departments also leveraged their own tax dollars to support staff that were part of this process. The resulting Unbridled Health Plan will be a primary document as we determine priorities on counseling for health behaviors, access to that counseling and what types of policy and systems will support that counseling.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 3 – Inform and Educate****Impact/Process Objective 1:****Integrated health promotion and chronic disease messaging**

Between 10/2011 and 09/2012, The Chronic Disease Initiative Coordinator will maintain 2 training methods on a consistent message impacting chronic disease prevention and control for health professionals, community leaders and lay health workers in Kentucky.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Chronic Disease Initiative Coordinator maintained two training methods on a consistent message impacting chronic disease prevention and control for health professionals, community leaders and lay health workers in Kentucky.

Reasons for Success or Barriers/Challenges to Success

Throughout the grant period, the Chronic Disease Prevention Branch has worked with the Department of Aging and Independent Living (DAIL), Area Aging Agencies and local health departments to provide Chronic Disease Self-Management leader training and classes taught by lay leaders. Additionally, the Unnatural Causes videos purchased by the CDPB with previous years PHHSBG funds continue to be shared with partners who are seeking to begin opening a dialogue on social determinants of health.

Strategies to Achieve Success or Overcome Barriers/Challenges

The partnership between the DAIL and the Chronic Disease Prevention Branch has been well established through a partnership over four years working with grant funds for CDSMP from the NACDD and also a grant received by DAIL from the National Office of Aging. This made the partnership a natural flow and the PHHSBG grant funds that supported 1/2 FTE of the Arthritis/Osteoporosis Program Manager with the other part of the FTE paid for by state funds created the infrastructure to make this successful.

Activity 1:

Stanford Chronic Disease Self-Management Training

Between 12/2011 and 09/2012, Work in collaboration with the Arthritis/Osteoporosis Coordinator and the Department of Aging and Independent Living to provide Chronic Disease Self-Management Training to lay leaders in the state.

Activity Status

Completed

Activity Outcome

The Arthritis/Osteoporosis Program Manager worked with the Department of Aging and Independent Living (DAIL) to provide Chronic Disease Self-Management Training to lay leaders in the state. There were over 30 new leaders trained with over 600 persons taking classes and an increasing infrastructure is being created.

Reasons for Success or Barriers/Challenges to Success

This has been a highly successful partnership due to the commitment of the staff in DAIL. There have been additional grant funds leveraged by the DAIL to provide this level of service as the PHHSBG funds were minimal for this project.

Strategies to Achieve Success or Overcome Barriers/Challenges

Although there are increasing numbers of leaders and persons taking the CDSMP classes, the growth is not exponential as supposed. Evaluations of classes and leaders and times and settings, and travel are being considered in order to bring classes to the closest point of contact for those served.

Activity 2:

Unnatural Causes Training

Between 10/2011 and 01/2012, Utilize remaining copies of "Unnatural Causes" DVD purchased in 2009 for distribution to local and district health departments in Kentucky, universities, hospitals and other organizations and monitor use and impact on knowledge of health equity competency of health professionals in the state.

Activity Status

Completed

Activity Outcome

The Chronic Disease Prevention Branch distributed 10 additional copies of the DVD Unnatural Causes to such varied sources as the University of Kentucky Extension and the University of Kentucky Preventive Medicine Residency Program, the Department of Law and Government at Murray University, and 7 additional local or district health departments. Along with the DVD, the pre and posttest are given to the requestor in order to evaluate the effectiveness.

Reasons for Success or Barriers/Challenges to Success

Although this is an older DVD, it still has an impact and we are able to instruct people who use it to go to the Unnatural Causes website for more details, episodes, and resources. There have been mostly positive comments on the series with all reporting that they were educated in social determinants of health and would use this in opportunities when considering health counseling. Not all behaviors and decisions a person makes are the result of poor choices.

Strategies to Achieve Success or Overcome Barriers/Challenges

Although we will continue to distribute copies of the DVD that are left, approximately 10 copies, we may not maintain the evaluations pre and posttest due to staffing limitations.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Chronic Disease Integration Collaborative

Between 10/2011 and 09/2012, The Chronic Disease Prevention Branch will conduct 4 integration meetings between the Health Promotion Branch, the Chronic Disease Prevention Branch and additional partners as developed through collaborative processes.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Chronic Disease Prevention Branch conducted eight integration meetings between the Health Promotion Branch, the Chronic Disease Prevention Branch and additional partners as developed through collaborative processes.

Reasons for Success or Barriers/Challenges to Success

Integration of the two branches and partners began in 2008 and was given further impetus with the goal of developing the Unbridled Health Plan through the coordinated chronic disease grant. This gave ample opportunity to meet monthly on the format, goals, and objectives in the coordinated plan. Additionally during this time period the PHHSBG grant coordinator/Chronic Disease Prevention Branch Manager, the Healthy Communities Coordinator and the Health Promotion Branch Manager and Tobacco Coordinator began regular meetings internally to ensure that the Healthy Communities infrastructure at the local health departments was maintained. There are challenges as changes in staff and funding and limitations on time make an impact.

Strategies to Achieve Success or Overcome Barriers/Challenges

The partners both internal and external will continue to work through the changes in funding, staff and time. This will be an ongoing process that will be met with regular communication, development of coordinated priorities and meetings occurring on the first Thursday of the month.

Activity 1:

Healthy Communities

Between 10/2011 and 09/2012, Program Coordinators in the Health Promotion Branch and the Chronic Disease Prevention Branch will collaborate to fund and provide technical assistance to the Healthy Communities Initiative.

Activity Status

Completed

Activity Outcome

During this grant period there were three Healthy Community projects funded with funds from the PHHSBG, Tobacco Settlement and Tobacco federal funds. Technical assistance was provided to these communities by the Chronic Disease Prevention Branch Manager, Obesity Program Manager, Healthy Communities Program Manager and Health Promotions Branch Manager. An additional three sites from the previous year were funded at a minimal level to maintain a second year work.

Reasons for Success or Barriers/Challenges to Success

This process was started small and kept manageable. We would like to extend it to multiple coalitions, but there is not enough funding at this time. Coalitions need to learn to become sustainable using local tax dollars, private funders and indirect support.

Strategies to Achieve Success or Overcome Barriers/Challenges

We will continue to work with public and private funders to provide Healthy Communities. A large list serve is maintained to communicate opportunities at the national level and state level. For instance the Foundation for Healthy Kentucky and Humana headquartered in Kentucky provide grants for healthy communities. NACCHO, NACDD, YMCA, faith based grants; minority grants, etc. are also ways of maintaining funding.

Activity 2:**Patient Navigation**

Between 10/2011 and 09/2012, The Chronic Disease Initiative Coordinator will evaluate two Chronic Disease Programs to integrate patient navigation activities with.

Activity Status

Completed

Activity Outcome

Three programs were chosen for evaluation/inclusion to integrate patient navigation activities. These included Asthma, Diabetes and Colon Cancer Screening. Although all of these programs have certain components that lend themselves to patient navigation, however the Diabetes Program and the Asthma Program lend themselves to Disease Management rather than a navigation process. The new Colon Cancer Screening Program and all curriculum and training and databases developed were defined with a patient navigation component requirement of funded sites.

Reasons for Success or Barriers/Challenges to Success

As described above, we believe the patient navigation activities to be most well suited to the Colon Cancer Screening Program. However, even as we train sites in patient navigation we find that people still want to break up the different components of a colon cancer screening process between different health care professionals. This will continue to be a high priority communication, training and audit process.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to monitor databases, complete site visits for colon cancer screening program grant recipients and provide immediate feedback, and technical assistance. Additionally, cancer partners in the state have also taken on the responsibility of providing an annual patient navigation conference.

Essential Service 8 – Assure competent workforce**Impact/Process Objective 1:****Registered Nurse Role Expansion at the local health department**

Between 10/2011 and 09/2012, The Chronic Disease Initiative Program Lead through contract will maintain one training program for Adult Preventive Health Exams through the Regional Training Center and a cooperative program with the Department for Medicaid Services.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Chronic Disease Initiative Program Lead through contract maintained one training program for Adult Preventive Health Exams through the Regional Training Center and a cooperative program with the Department for Medicaid Services.

Reasons for Success or Barriers/Challenges to Success

There was one Adult Preventive Health Exam course held for Registered Nurses who provide this exam at local public health departments. The contract is maintained with the Regional Training Center at the Madison County Health Department and a certified Nurse Practitioner. This exam includes all components of an adult preventive visit and for women also includes breast and cervical cancer examination if appropriate. This class was moved to 14 modules on TRAIN so that those who wanted to be certified could take the training and then participate in a check off two day session. At the completion of the training the RN then works with a preceptor to complete 21 exams and when those are turned in may provide individually for adult preventive exams. This program has been discontinued due to the movement of Medicaid Managed Care across the state and RNs at LHD are no longer compensated for this visit.

Strategies to Achieve Success or Overcome Barriers/Challenges

At this time there will be no further certification process for RNs to do Adult Preventive Exams. The modules will continue to exist on TRAIN for updates and the Breast and Cervical Cancer Screening Program will continue to offer just those exams, but comprehensive AP exams have no source of reimbursement.

Activity 1:
Regional Training Center

Between 10/2011 and 09/2012, Online training modules will be completed by Registered Nurses applicants for the expanded role process, followed by a face to face training and six month preceptorship in the local community.

Activity Status

Completed

Activity Outcome

The online modules on TRAIN were developed and are broken into systems such cardiovascular, respiratory, neurological, skin, abdominal, and all through the body system. This makes the modules accessible 24/7 without travel to a training site

Reasons for Success or Barriers/Challenges to Success

Developing the modules gave nurses the opportunity to access as they had the time and could go back and reaccess as needed. The face to face training was then limited to a two day check off process. The preceptorship process was usually not a problem, but there were issues if preceptors changed or there was not an appropriate preceptor available. Local health department staff was then encouraged to work with FQHC, or a local provider for those opportunities.

Strategies to Achieve Success or Overcome Barriers/Challenges

All registered nurses who want to take part in the certification process are required to obtain permission from their director, and are given an access code to the modules. Upon satisfactory completion of the modules, they were scheduled to attend the face to face check off training, and then to complete their preceptorship within 3-6 months in their home community. We are not planning on continuing this process at the present due to a change in funding streams and lack of coverage by Medicaid Managed Care Organizations.

Activity 2:
Evaluation of effectiveness

Between 10/2011 and 09/2012, Certificate of completion of requirements will be issued from the Kentucky Department for Public Health in a cooperative agreement with the Regional Training Center prior to performing and billing for the Adult Preventive Physical Exam.

Activity Status

Completed

Activity Outcome

For those certified through this process this was a very comprehensive and satisfactory process and records of completion were maintained by the Regional training Center.

Reasons for Success or Barriers/Challenges to Success

This training program is not being maintained; however the online TRAIN modules will serve as excellent resources for public health nurses in clinical positions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Not applicable.

State Program Title: Colon Cancer Prevention and Control Program

State Program Strategy:

Goal: Reduce the burden of colon cancer in Kentucky by decreasing colorectal cancer incidence and mortality rates through education and awareness and increased screening rates.

Priorities: Develop and enhance existing partnerships which will address colon cancer on both a state and local basis. Develop a process to communicate the importance of colon cancer screening so that clear consistent messages using evidence based guidelines are utilized. Identify barriers to colon cancer screening on a local level and improve access and awareness.

In the 2008 Kentucky legislative session, House Bill 415, which provides for development of a colon cancer screening program for the uninsured was passed and is now codified into statute as KRS 214.540. Unfortunately, funding was not appropriated due to budget issues in Kentucky. It is well known, that screening reduces mortality both by decreasing incidence (removing polyps before they are cancer) and by detecting a higher proportion of cancers at early, more treatable stages. Lack of funding has not prevented considerable efforts from taking place in the state over the past three years. An active and collaborative partnership was formed under the guidance of the Colon Cancer Screening Program Advisory Committee which meets monthly. This partnership has leveraged small amounts of funding and in-kind services to increase public awareness and education about colon cancer screening as well as increase access to screening for the uninsured.

Efforts to make cancer screening, information, and referral services available and accessible are essential for reducing incidence and mortality from colorectal cancer. Rates for colon cancer screening have steadily increased in the 5 years that the PHHSBG has been funding comprehensive cancer control education in the state with a special focus on colorectal cancer. In 2001 Kentucky had the lowest colorectal cancer screening rate as compared to other states according to national BRFSS data. Kentucky has now moved to a screening rate of 63.7% which has moved the state up to thirtieth highest state screening rates in the US. Additional factors such as improved Medicare and Medicaid coverage in the state have affected this increase in screening as well as national partners such as the CDC Screen for Life program and statewide partners efforts.

The Department for Public Health (DPH) Colon Cancer Control Program is partnering with the Kentucky Cancer Program with 15 regional offices and the Kentucky Cancer Consortium as well as private foundations such as the Colon Cancer Prevention Project to provide a statewide awareness and public outreach campaign. Internally the program is providing outreach and education to all 30,000 state health employees through a March colon cancer awareness campaign.

Primary Strategic Partners:

Internal partners: Health Promotion Branch- Tobacco Control, Obesity, Physical Activity, Worksite Wellness, Healthy Communities, KY Breast and Cervical Cancer Program, Office of Health Equity, Office of Health Policy and the Department for Medicaid Services.

External partners: Colon Cancer Prevention Project, Kentucky Cancer Consortium, American Cancer Society, Kentucky Cancer Program, Kentucky Medical Association, Kentucky Hospital Association, Federally Qualified Health Center network and local/district health departments.

Role of PHHSBG Funds: The role of the Block Grant in this program is to support one FTE for the Colon Cancer Program and to allocate funds to one project areas for local outreach and education with the use of matching funds for screening the uninsured.

Evaluation Methodology: Local/district health departments are required to submit a budget and plan prior to receiving funds detailing objectives, strategies and activities that will be provided for colon cancer prevention. The pilot site will be visited at least once during the year and success stories will be solicited from these activities. BRFSS, Kentucky Cancer Registry and SEER data will be used to evaluate long term progress toward achieving the primary goal of reducing incidence and mortality from colon cancer.

The program manager will summarize and analyze data from these sources in order to document progress and will provide an annual report to the legislature as required by statute.

National Health Objective: 3-5 Colorectal Cancer Deaths

State Health Objective(s):

Between 10/2007 and 12/2015, Decrease colon cancer death rate in Kentucky to no more than 18.5 per 100,000 persons in the state.

State Health Objective Status

In Progress

State Health Objective Outcome

The U.S. mortality rate for Colon Cancer is 17.6 per 100,000 compared to the Kentucky rate of 20.7 for years 2003-2007, the most recent aggregate mortality data available. The goal is to reduce the Kentucky CRC mortality rate to 18.5 by 2015 and this will be attainable with increased screening and early detection.

Reasons for Success or Barriers/Challenges to Success

Large network partnership and legislation passed by the Kentucky General Assembly to support the development of the Kentucky Colon Cancer Screening Program. Although an unfunded mandate, the partners are providing indirect support through multiple means.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnership with the Colon Cancer Advisory Committee and the Colon Cancer Prevention Committee as well as the advocacy groups such as the American Cancer Society.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG funds are used to support the staff person at KDPH and also to provide minimal support for outreach, education and public awareness to pilot sites and a statewide media campaign. These dollars are matched with local tax dollars for screening and additional \$200,000 of Coal Severance Funds were awarded to four counties, Pike, Letcher, Floyd, and Martin in Appalachia for screening the uninsured.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Increase awareness of colorectal cancer screening

Between 10/2011 and 09/2012, The Colon Cancer Program Manager will maintain **4** methods of colon cancer awareness and messaging in Kentucky with special emphasis in Appalachia and African American populations.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Colon Cancer Program Manager maintained **4** methods of colon cancer awareness and messaging in Kentucky with special emphasis in Appalachia and African American populations.

Reasons for Success or Barriers/Challenges to Success

The success of this objective is based on a well-developed partnership with the Kentucky Colon Cancer Prevention Committee and the Kentucky Colon Cancer Screening Advisory Committee made up of cancer partners, health advocates and health educators, local health departments and others who are able to support these efforts. In addition PHHSBG funds are leveraged along with state funds and coal severance dollars to support a small screening program this fiscal year. Also, the state legislature allocated the colon cancer screening program \$500,000 for both fiscal years 2013 and 2014 that will be matched with \$500,000 by a commitment from the Kentucky Cancer Foundation.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with partners and decision makers ensuring that the colon cancer screening program continues to develop and bring access to the uninsured and disparate populations.

Activity 1:**Colon Cancer Awareness Minigrants**

Between 10/2011 and 09/2012, at least one local/district health departments in Kentucky will receive minigrants to implement colon cancer prevention and/or screening awareness activities utilizing a pre-approved list of evidence based strategies.

Activity Status

Completed

Activity Outcome

Minigrants were awarded to Pike County, Louisville Metro Health and Wellness, Christian County, and Northern Kentucky health departments for the purpose of screening awareness and outreach.

Reasons for Success or Barriers/Challenges to Success

These were limited funds and the health departments were expected to maintain and develop collaborative relationships within their communities to maximize the impact of these dollars. These funds were not used for screening so part of the process was for them to also find funding and partners who would provide screening and help with navigating patients to screening. The efforts were successful and varied in each location which will be described in more detail in other objectives. Louisville Metro Health and Wellness partnered with the Kentucky Cancer Program funded with state general funds and the Colon Cancer Prevention Project (C2P2) to complete their activities including the successful outreach with the educational colon west taken to multiple sites in the Louisville and western area of the state.

The Pike County Health Department utilized local tax dollars and coal severance funds to provide screening along with a very successful media campaign to surrounding counties using the educational colon east.

The Christian County Health Department used local tax dollars and worked with a community gastroenterologist to continue free colon cancer screenings in their area.

The Northern Kentucky Health Department partnered with the Kentucky Cancer Program to complete their activities including a successful media campaign to surrounding counties.

Strategies to Achieve Success or Overcome Barriers/Challenges

These programs are expected to be sustainable in some form using local tax dollars. The educational colons will continue to be part of outreach/navigation and generate much free media.

Activity 2:**State or Regional Colon Cancer Forum**

Between 10/2011 and 09/2012, The Kentucky Colon Cancer Program in partnership with the Kentucky Cancer Consortium and the Kentucky Cancer Program will provide one state or regional cancer summit with a focus on colon cancer.

Activity Status

Completed

Activity Outcome

There was one regional colon cancer summit held in December 2011 in Christian County. There were almost 60 participants including state and local representatives, health educators and members of the Colon Cancer Advisory Committee. Presentations were completed by the Kentucky Cancer Registry, survivors and advocates and updates by local health departments who were providing screening using local tax dollars.

Reasons for Success or Barriers/Challenges to Success

This regional forum was completed with a wide variety of partners. Funding was provided through the Preventive Health and Health Services Block Grant and the Kentucky Cancer Program.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue strong partnerships.

Activity 3:**Kentucky State Fair Healthy Horizons**

Between 10/2011 and 09/2012, The Colon Cancer Program Clinical Nurse will participate in Healthy Horizons with distribution of information on colon cancer screening and awareness and utilize the Kentucky Educational Colon for interactive education.

Activity Status

Completed

Activity Outcome

There are two educational colons funded by KDPH through the CDC PHHSBG grant and one is always made available during state fair. This year the Colon Cancer Program Manager was not available to participate in Healthy Horizons at the state fair so the Kentucky Cancer Program (KCP), one of the state screening programs partners, agreed to set the educational colon up at the state fair for the full 10 days of the fair and educate those who toured the interactive display.

Reasons for Success or Barriers/Challenges to Success

Kentucky Cancer Program set up the educational colon at the Kentucky State Fair for the full 10 days. This was a successful public private partnership. Approximately 5,000 persons toured the interactive walkthrough display and were able to talk to Colon Cancer Prevention Project volunteers or KCP staff to have questions answered.

Strategies to Achieve Success or Overcome Barriers/Challenges

Partners will continue to be involved and future opportunities with three or more days at the state fair as this has been an excellent outreach tool.

Activity 4:**Kentucky Educational Colon Tour**

Between 10/2011 and 09/2012, The Kentucky Department for Public Health in partnership with the Colon Cancer Prevention Project and the Kentucky Cancer Program will continue to promote a statewide campaign through an interactive walk through of the super colon which will be enhanced by having public health staff and other professional staff present to answer questions and navigate to appropriate colon cancer screening.

Activity Status

Completed

Activity Outcome

The educational colons have toured throughout the state. Having access to two educational walk through exhibits and the assistance and support of partners to staff the exhibit and answer questions, complete surveys and help to navigate people to screening has been highly successful. There is minimal or no charge for bringing the colon to areas to display.

Reasons for Success or Barriers/Challenges to Success

The purchase of these two colons to serve the entire state has led to free media as the newspapers, TV stations and others are very willing to do stories on the colon, survivors and those who need screening.

The colons are being used extensively for worksite wellness events, high traffic opportunities such as Hillbilly Days in Pike County with over 100,000 in attendance and multiple other venues.

The colon has been displayed on the steps of the state Capitol in Frankfort during Women's Health week and other colon awareness events.

A YouTube video is captured on the KDPH website explaining screening and the educational colon impact.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to look for opportunities to maximize the outreach and media generated by the colon.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Kentucky Colon Cancer Program

Between 10/2011 and 09/2012, The Colon Cancer Program Manager will provide staff support for development of the Kentucky Colon Cancer Screening Program to **at least 3 partnerships or activities developed through** the Kentucky Colon Cancer Advisory Committee required by KRS 214.540-544.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Colon Cancer Program Manager provided staff support for development of the Kentucky Colon Cancer Screening Program to **3 activities developed through** the Kentucky Colon Cancer Advisory Committee required by KRS 214.540-544.

Reasons for Success or Barriers/Challenges to Success

The Colon Cancer Program Manager provided staff support for the Colon Cancer Advisory Committee, the development and management of the data system/work group and the KDPH colon cancer screening program website.

Strategies to Achieve Success or Overcome Barriers/Challenges

The previous 6 months to this funding year, the position was vacant. The Chronic Disease Prevention Branch Manager and a DrPH student, along with the Chronic Disease Branch Epidemiologist provided much staff support during this time. Partners were also effective in assisting with meetings.

Activity 1:

Kentucky Colon Cancer Advisory Committee

Between 10/2011 and 09/2012, The Colon Cancer Program Manager will provide staff support at the monthly meetings of the Colon Cancer Screening Advisory Committee including maintenance of minutes as required by statute.

Activity Status

Completed

Activity Outcome

The Colon Cancer Screening Advisory Committee meets monthly. Members are appointed by statute and also can be appointed by the committee itself. Meetings are held in the Capitol Annex and minutes are kept by the KDPH Colon Cancer Program Manager and are available through public record request.

Reasons for Success or Barriers/Challenges to Success

The program manager is an integral part of a highly engaged advisory committee. The committee continues to be strong advocates and partners in developing the screening program and to help find funding for screening.

Strategies to Achieve Success or Overcome Barriers/Challenges

The position was vacant the previous 6 months but has been filled. During this time a DrPH practicum student assigned to the KDPH Colon Cancer Program was used effectively to help manage minutes and staff support for the advisory committee.

Activity 2:**Colon Cancer Data System Workgroup**

Between 10/2011 and 09/2012, The Colon Cancer Program manager will serve as a facilitator/staff member of the Data System Workgroup by providing meeting space, planning, materials, minutes and support for development and testing of a web based data system.

Activity Status

Completed

Activity Outcome

The data group explored options for development of a web based system to collect data for the colon cancer screening program. Options considered included contracting with the state IT office to develop a system, using Cabinet IT staff to develop a system, a review of systems used in other states that are doing colon cancer screening, and use of the States web-based Laboratory database as a tool for data collection.

Reasons for Success or Barriers/Challenges to Success

It was determined that the Colon Cancer Screening Program would make use of the State Laboratory's existing web-based data collection for implementing the program. Use of this system has both advantages and challenges.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to look for sources of funding to build a more comprehensive system.

Activity 3:**Colon Cancer Screening Program Website**

Between 10/2011 and 09/2012, The Colon Cancer Program manager will continue to add appropriate public awareness messaging, provider resources and toolkits and additional links and updates to the state colon cancer prevention and screening website in collaboration with the Colon Cancer Screening Program Advisory Committee and the Workforce Development Branch.

Activity Status

Completed

Activity Outcome

The KDPH Colon Cancer Screening website is widely utilized by partners, public and advocates for resources and messaging. This website can be easily updated by internal staff and used by all partners.

Reasons for Success or Barriers/Challenges to Success

This website is static and not dynamic. The website is accessed by three clicks after entering the KDPH site and may be more than some people are able to navigate easily. It would be better to have an

individually named website.

Strategies to Achieve Success or Overcome Barriers/Challenges

Working with Office of Information Technology to determine if a separate link to the website can be setup.

Would like to link to Facebook if opportunity arises, but must be determined due to other statewide restrictions.

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Colon Cancer Screening Awareness

Between 10/2011 and 09/2012, The Colon Cancer Program in collaboration with the Colon Cancer Advisory Committee will maintain **63.7%** colon cancer screening rate by colonoscopy or sigmoidoscopy of individuals over the age of fifty who are permanent residents of Kentucky and respond to the BRFSS survey.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Colon Cancer Program in collaboration with the Colon Cancer Advisory Committee maintained **63.7%** colon cancer screening rate by colonoscopy or sigmoidoscopy of individuals over the age of fifty who are permanent residents of Kentucky and respond to the BRFSS survey.

Reasons for Success or Barriers/Challenges to Success

During 2008 that rate was 63.7% and we maintained that rate during 2011 at 63.7%. The Kentucky Colon Cancer Program works in conjunction with the Kentucky Cancer Program to distribute and evaluate colon cancer screening messages for Kentuckians at the state and local level. This coordinated messaging is funded through the Kentucky General Assembly to both the University of Kentucky and the University of Louisville with sites in all 15 area development districts (ADDs).

Strategies to Achieve Success or Overcome Barriers/Challenges

Include more local health departments in the pilot site program.

Activity 1:

Outreach and Education

Between 10/2011 and 09/2012, Distribute and evaluate colon cancer screening messages for Kentuckians at the state and local level.

Activity Status

Completed

Activity Outcome

The Colon Cancer Screening Program has used multiple colon cancer screening messages. The Screen for Life literature is made widely available for events and venues where the educational colon is displayed. In addition the Kentucky Cancer Program has developed KY specific book marks and posters for use at the state and local level. The Colon Cancer Prevention Project shared "Are You at Risk" pamphlets for distribution.

Reasons for Success or Barriers/Challenges to Success

Evidence based free materials were available through CDC. Kentucky Cancer Program used their own funds to print additional Kentucky specific literature.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to use evidence based messaging which are inexpensive.

Activity 2:**Provide technical assistance to pilot sites**

Between 10/2011 and 09/2012, The program manager will provide materials, connect pilot sites with state and national resources, and make site visits to determine effectiveness of the programs.

Activity Status

Not Completed

Activity Outcome

The Colon Cancer Program Coordinator provided a program manual, best practices, free screening literature and shared copies of contracts produced by the lead pilot site, Pike County Health Department. However, site visits were not made during this time frame.

Reasons for Success or Barriers/Challenges to Success

Full scale development of a colon cancer screening program on a short time frame left no time for site visits to pilot sites during this fiscal year.

Strategies to Achieve Success or Overcome Barriers/Challenges

Site visits, webinars and conference calls are very effective venues for assisting programs in development and will be used extensively in the future.

Impact/Process Objective 2:**Develop annual report for legislature and the public.**

Between 10/2011 and 09/2012, The Kentucky Cancer Program Manager in cooperation with the state Colon Cancer Screening Program Advisory Committee will publish one annual report as described by KRS 214.540-544.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Kentucky Cancer Program Manager in cooperation with the state Colon Cancer Screening Program Advisory Committee published one annual report as described by KRS 214.540-544.

Reasons for Success or Barriers/Challenges to Success

The annual report for the Colon Cancer Advisory Committee is legislated in KRS 214.540. Partners assist with the development of the report including data from the Kentucky Cancer Registry and input by partners on outreach and education efforts.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnership with all collaborative groups.

Activity 1:**Annual Report Development**

Between 10/2011 and 09/2012, An annual report including current burden, mortality and screening rates, activities of the program and partners and accomplishments will be developed.

Activity Status

Completed

Activity Outcome

The report is accomplished working with partners and is made widely available. The data section is

completed by the Kentucky Cancer Registry. Input from the BRFSS program, the Kentucky Cancer Program, the Kentucky Cancer Consortium, the American Cancer Society, the Colon Cancer Prevention Project and the KY Office of Health Policy is all included. KDPH manages the compilation.

Reasons for Success or Barriers/Challenges to Success

A great working partnership has made this annual report successful.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue working in partnership with all collaborative groups.

Activity 2:

Distribution of the Annual Report

Between 01/2012 and 09/2012, The annual report will be distributed to the advisory committee, Commissioner of Public Health, Secretary of the Cabinet, Legislative Research Commission, Legislative Health and Welfare Committee, and be available to the general public per KRS 214.540-544.

Activity Status

Completed

Activity Outcome

The annual report was distributed to all required entities and offices and is also available on the KDPH website.

Reasons for Success or Barriers/Challenges to Success

A large list serve is also used to distribute the pdf minimizing printing costs.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with all networking opportunities. The annual report is used all year long by partners who work in the community, with providers, decision makers and others.

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Education and Workforce Development

Between 10/2011 and 09/2012, The Colon Cancer Clinical Nurse will review **two** evidence based training methods for colon cancer screening updates for clinical professionals.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Colon Cancer Clinical Nurse reviewed **two** evidence based training methods for colon cancer screening updates for clinical professionals.

Reasons for Success or Barriers/Challenges to Success

Public health nursing and inflatable colon walking tour videos were taped and developed into continuing education modules.

Strategies to Achieve Success or Overcome Barriers/Challenges

Working with systems that are already developed such as Public Health TRAIN system which is free. There is still a cost in staff support time that must be managed.

Activity 1:

Patient Navigation

Between 10/2011 and 09/2012, Identify and evaluate a patient navigation model for best practice in pilot sites.

Activity Status

Not Completed

Activity Outcome

A patient navigation model has been identified from New York which was designed by Dr. Freedman. The former Colon Cancer Program Manager went to the training in New York and was certified, but has since left her position.

Reasons for Success or Barriers/Challenges to Success

The system and program manual was developed and will be revised for use by the pilot sites.

Strategies to Achieve Success or Overcome Barriers/Challenges

A Kentucky Patient Navigation manual is essential to the progress and this process. We cannot rely on certification from out of state.

Activity 2:**Provide one clinical update on colon cancer screening**

Between 10/2011 and 09/2012, The Colon Cancer Program Manager and Program Clinical Nurse will work with a physician champion to update a taped presentation on current screening recommendations, methods and referral process which is available for Continuing Education.

Activity Status

Completed

Activity Outcome

The KDPH Public Health TRAIN system provides a venue for a presentation on screening methods for colon cancer by Dr. Whitney Jones, chair of the Colon Cancer Advisory Committee. The TRAIN system makes continuing education available to anyone with a connection to the internet.

Reasons for Success or Barriers/Challenges to Success

A videoconference presentation on screening methods that was conducted last year was taped this year and placed on the TRAIN system and made available for continuing education credits. It is also available on the KDPH Colon Cancer website.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to use free methods that do not require travel for education and updates. Consider provider CEU's in the future including nursing, CHES, and physician in order to measure impact.

State Program Title: Health Care Access**State Program Strategy:**

GOAL: To increase access to primary episodic medical care for the uninsured by creating a network of providers and to increase the ability of Kentuckians who are uninsured to receive needed medications.

Priorities: The Kentucky Physician Care Program (KPCP) is part of the Health Kentucky Network and is facilitated by partnership with the Health Care Access Branch within the Kentucky Department for Public Health (DPH). The program consists of state and private partners who donate their time and materials to provide free one time routine care to low income uninsured citizens of the Commonwealth.

The process of this program includes the facilitation of a toll free hotline maintained at the Kentucky Department for Public Health in the Health Care Access Branch. Professional staff are available to answer calls and make referrals to a participating provider. Additionally, in 2009 the Kentucky Legislature passed a law establishing a Kentucky Prescription Assistance Program in the state which is also managed by the Health Care Access Branch. There are now over 400 Kentucky Prescription Assistance Program satellite sites throughout Kentucky where a client may receive free assistance in receiving medications through pharmaceutical companies. Trained volunteers or staff assist the client with access to databases for prescription assistance forms and help with the sometimes cumbersome details for these programs.

Role of the PHHSBG: is to provide funding through the Health Care Access Branch (HCAB) to Health Kentucky, Inc., a nonprofit charitable organization that coordinates a statewide network of volunteer providers through the Kentucky Physician's Care Program. There are multiple providers throughout the state who have volunteered to participate in this program. The introduction of the Kentucky Prescription Assistance Program through the HCAB as mandated by the Kentucky Legislature has provided additional benefits to clients who are in need of medications. The burden of unemployment and the economy continues to impact the 16.2% of Kentuckians who have no health insurance. PHHSBG will be utilized by Health Kentucky, Inc. in recruitment efforts of volunteer physicians, dentists, and pharmacies.

The Kentucky Department for Public Health contributes funding for approximately 4.5 FTE to this program for the operation of the hotline and for the staffing of the KPCP help desk as well as supporting 3 professional staff as Community Organizers for the Kentucky Prescription Assistance Program. There are over \$500,000 of state general funds invested for these activities. In addition, the indirect cost of office space, supplies, telephone, which is substantial, is also provided by the Department for Public Health.

Partnerships:

Internal: Department for Community Based Services, Department for Medicaid Services, Local Health Departments.

External: Health Kentucky, Kentucky Medical Association, Kentucky Pharmacy Association, Kentucky Primary Care Association, Foundation for A Healthy Kentucky, Kentucky Prescription Assistance Satellite sites, Free Clinic Association.

Evaluation Methodology

The effectiveness of the program will continue to be evaluated through the amount of phone calls received, number of clients served and number of referrals accepted by providers annually in order to evaluate reach to uninsured adults in Kentucky. BRFSS data on Health Care Access questions such as lack of health care coverage, usual source of care and care delays will be evaluated for baseline numbers of access issues. Health KY will conduct surveys of volunteer physicians, dentists and providers regarding the operation of the program to determine satisfaction. Cost benefit analysis of the KPCP program in terms of number of clients served and relative value will be captured.

National Health Objective: 1-6 Difficulty or Delays in Obtaining Needed Health Care

State Health Objective(s):

Between 10/2000 and 12/2020, Reduce to no more than 10 percent, the proportion of individuals/families who report that they did not obtain all of the health care that they needed.

State Health Objective Status

In Progress

State Health Objective Outcome

This measure has not been met by evaluating responses to the Kentucky BRFSS survey. In 2011, 19.4% of adults responded that they could not see a doctor in the past year due to cost. This number has increased from 17.2% in 2010. Kentucky also uses health care coverage data to measure how well people can access the health care system. The percentage of uninsured has continued to rise in Kentucky and in 2011 was at 18.6% according to Kentucky BRFSS data. This contributes a great deal to the problem of not obtaining all of the health care that is needed. The Kentucky Prescription Assistance Program, funded by the Kentucky legislature within the DPH Healthcare Access Branch has made phenomenal progress in providing medications to the uninsured that they normally would not have had access to. Additionally, the Kentucky Physicians Care Program with an 800 number that is accessible across the state also provides access to persons with no medical home and a limited need to be seen by a provider or dentist.

Reasons for Success or Barriers/Challenges to Success

The Kentucky legislature and Governor Beshear continue to support the Kentucky Prescription Assistance Program. The Kentucky Physicians Care Program is done in cooperation with the Kentucky Medical Association and its network of volunteer providers.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to roll out additional sites in Kentucky for the Kentucky Prescription Assistance Program (KPAP) in such diverse locations as local health departments, FQHCs, hospitals, faith based organizations and other private partners. The Healthcare Access Branch/KPAP staff and community organizers provide training, presentations and brochures and posters that can be widely disseminated.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The PHHSBG provides only minimal funds to maintain a 1/2 FTE position for the program. All other funds for staffing, databases, phone bank and 800 number are state general or agency funds in order to provide the KPAP program and the Kentucky Physicians Care Program. Additional indirect donations are on the part of the time of the volunteer physician, clinic or dentist. Over 12 million dollars annually are leveraged to decrease the percentage of people who say they did not get all the healthcare they needed.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Linking the Uninsured with Access to Health Care

Between 10/2011 and 09/2012, The Health Care Access Branch will maintain two methods of linking the uninsured with health care and prescription assistance.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Health Care Access Branch maintained two methods of linking the uninsured with health care and prescription assistance.

Reasons for Success or Barriers/Challenges to Success

The 800 number for the Kentucky Physicians Care Program and the Kentucky Prescription Assistance Program have been successfully maintained in the Health Care Access Branch during this reporting period with growth numbers.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to develop strong partnerships, provide training to additional sites for KPAP and engage providers.

Activity 1:**Expand the Kentucky Physicians Care Program network**

Between 10/2011 and 09/2012, Health Kentucky will strengthen and expand the network by enrolling additional free clinics, Federally Qualified Health Centers and private providers in the network.

Activity Status

Completed

Activity Outcome

During this reporting period, Health Kentucky, an outreach of the Kentucky Medical Association in partnership with the Health Care Access Branch and the Kentucky Physicians Care Program has been working to expand to KPC into newly established community KPAP sites to increase prescription assistance. Health Kentucky has also been working to establish a coordinated partnership with the Kentucky Free Clinic Association to strengthen services to Kentucky's underserved and uninsured populations.

Reasons for Success or Barriers/Challenges to Success

Although the program is successful there are challenges with getting new providers. However, the partnership with the Kentucky Free Clinic Association is extremely important and promising. The Kentucky legislature provided for charitable clinics in the state that are registered and licensed to be reimbursed for the malpractice insurance of providers allowing retired physicians to volunteer.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnerships.

Activity 2:**Reporting Reach**

Between 10/2011 and 09/2012, The Health Care Access Branch will monitor and report the number of calls received, clients served and referrals provided and numbers from the state funded Prescription Assistance Program.

Activity Status

Completed

Activity Outcome

The data below is for the reporting period:

Health Access Hotline Calls: 15,214

KPC Referral Information

Physicians:

Primary Care: 275

Specialists: 38

General Dentists: 36

Pharmacy: 2,940

KPC Prescription Information

Value of Dispensed Prescriptions: \$9,643,516.73

Total Active Unduplicated Patients: 7,301

Kentucky Prescription Assistance Program (KPAP) Information

Total Active Unduplicated Patients Assisted: 12,791

Value of Dispensed Prescriptions: \$79,403,355

During this reporting period, KPAP began to be implemented into all the state's mental health centers.

Reasons for Success or Barriers/Challenges to Success

The program continues to grow. There are still some problems with attracting new providers to take patients who are unable to pay.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to add new sites and to work with the Kentucky Medical Association and Health Kentucky to attract new providers who will donate their time/services.

State Program Title: Healthy Communities- Community Health Action Team (CHAT)

State Program Strategy:

Goal: The Healthy Communities Program in Kentucky is a multi-faceted program initially developed in 2009 through a collaboration of partners in the Health Promotion Branch and the Chronic Disease Prevention Branch in order to create infrastructure for community environments where safety, Wellness and effective prevention strategies are available. The overarching goal is to support local health programs, systems and policies to achieve healthy communities.

Priorities: The Kentucky Department for Public Health in cooperation with multiple partners will establish the following: 1) Provide a broad-based networking opportunity for building community coalitions; 2) Disseminate and provide training on evidence-based prevention programs; 3) Provide an annual Healthy Community conference; 4) Improve the use of data and surveillance at the community level in order to assist communities to prioritize strategies; 5) Develop a statewide strategic Healthy Community Plan

Primary Strategic Partners:

The Healthy Community Program has several strategic partners, both internal and external who will assist with the development and implementation of the program. Internal partners include BRFSS, Tobacco Control, Obesity, Arthritis/Osteoporosis, Worksite Wellness, Diabetes, Physical Activity and Heart Disease and Stroke Programs in KDPH as well as Coordinated School Health, Dept of Medicaid Services and the Department of Aging and Independent Living. External partners include the Foundation for a Healthy Kentucky, Kentucky Transportation Cabinet, University of Kentucky Area Health Education Centers, University of Kentucky Health Smoke Free Policy and Research, Kentucky Department of Education, Kentucky Injury Prevention Research Center, Kentucky Health Department Association and their respective health departments and community-based hospitals and clinics.

Role of PHHSBG Funds: The role of the PHHSBG in this program is to provide funding to local health departments to implement strategies addressing infrastructure to build coalitions at the local level. There are two separate categories of funding. The largest amount of funding will go to all 57 local and district health departments who must complete seven mandatory strategies and develop local coalitions. The second funding stream will be integrated with objectives and funding using two sources of state funding Tobacco Settlement, and Osteoporosis as well as the federal Healthy Communities funding for 3 pilot sites.

Evaluation Methodology: Evaluation methods will include assessment of community coalitions through site based visits, receipt and review of reports, reach and engagement of local partners, and implementation of the seven mandatory strategies as well as fiscal reporting. Also evaluated will be numbers of evidence based strategies including smoke free schools and places of business, biking paths, hiking trails, and access to healthy foods. In addition, the attendance at the Healthy Community Annual Conference with post conference evaluation and ongoing surveys will be completed. BRFSS data will also be monitored annually for improvement in nutrition, physical activity and decreased smoking rates.

National Health Objective: 7-10 Community Health Promotion Programs

State Health Objective(s):

Between 04/2008 and 09/2020, Increase the proportion of communities in Kentucky that have established a Healthy Communities Coalition addressing multiple Healthy People objectives through policy, systems and environmental change who provide reporting to the KY Department for Public Health.

State Health Objective Status

Exceeded

State Health Objective Outcome

The number of communities across Kentucky with Healthy Community Coalitions by various names continues to increase. They take the form of ACHIEVE coalitions, MAPP coalitions, Community Health Action Teams, Partnership for a Fit Kentucky regional teams. We have greatly enhanced this work with the Community Transformation Grant - Project Unite team and the Unbridled Health Leadership Team. The Unbridled Health Plan will serve as the primary resource for this effort.

Reasons for Success or Barriers/Challenges to Success

There are many groups working to support the creation of Healthy Community coalitions across Kentucky.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in collaboration so that efforts are not duplicated and each organization understands a responsible role and can communicate the Unbridled Health Plan.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

In addition to the allocation to the local health departments for minimal staff, travel and supplies, each one of the partners in the coalition's contribute their own staff time and other direct resources such as a business who paid to have a walking trail paved in a small rural community, a group that purchased a greenhouse for the elementary school to learn to grow vegetables, farmers gardens managed by people who live in the housing complex and many other indirect supports.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 1 – Monitor health status****Impact/Process Objective 1:****Data Sources**

Between 10/2011 and 09/2012, The Healthy Communities Coordinator in collaboration with the internal Healthy Communities Team will identify two methods of training on data sources for determining community needs.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Healthy Communities Coordinator in collaboration with the internal Healthy Communities Team identified two methods of training on data sources for determining community needs.

Reasons for Success or Barriers/Challenges to Success

In collaboration with Kentucky Health Department Association, the BRFSS Coordinator and the Chronic Disease Prevention Branch Manager presented with a representative from the University of Wisconsin on the use of County Health Rankings at the May 2012 Kentucky Voices for Health Annual Conference. <http://www.kyvoicesforhealth.org/>

The CHANGE Tool training was completed in March of 2012 by webinar and expert trainers from two ACHIEVE sites, Ashland Boyd and Franklin County served as trainers, as they had already completed the CHANGE tool for their communities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Collaborative partnerships will continue so that training needs can be met.

Activity 1:

County Level Health Data

Between 10/2011 and 09/2012, Provide training on County Level Health Data in cooperation with the Foundation for a Healthy Kentucky and Kentucky Health Department Directors at the annual Healthy Communities Conference through expert panel presentation and focused discussion groups.

Activity Status

Completed

Activity Outcome

There actual site of this training changed to the May 2012 Kentucky Voices for Health Conference. The Kentucky Health Department, BRFSS Coordinator, and Chronic Disease Prevention Branch Manager along with a representative from the University of Wisconsin County Level Health Data Program spoke on the usefulness of the tools.

Reasons for Success or Barriers/Challenges to Success

This is a strong and ongoing partnership between the entities and the Kentucky Voices for Health provided an excellent venue for this training.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue collaborative partnerships and seek appropriate training venues.

Activity 2:

Using Data to Activate and Motivate

Between 10/2011 and 09/2012, Working in collaboration with internal and external partners provide a statewide videoconference or webinar on using data to prioritize policy and systems change strategies.

Activity Status

Completed

Activity Outcome

A large stakeholder group was assembled to help develop and prioritize strategies for the Unbridled Health state plan for chronic disease prevention and health promotion. A presentation and PowerPoint was distributed to all attendees, along with a copy of County Health Rankings, so that those attendees could use the data and match it with evidence based strategies.

Reasons for Success or Barriers/Challenges to Success

Using data to help prioritize policy and systems change strategies assures that people don't focus in only on one health related issue or their own favorite program.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to present useful and understandable data.

Impact/Process Objective 2:

Change Tool

Between 10/2011 and 09/2012, The Healthy Communities Coordinator in collaboration with the internal Healthy Communities Team will obtain one training on the CHANGE tool instrument as developed by the CDC for use with the Healthy Communities Program.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Healthy Communities Coordinator in collaboration with the internal Healthy Communities Team obtained one training on the CHANGE tool instrument as developed by the CDC for use with the Healthy Communities Program.

Reasons for Success or Barriers/Challenges to Success

The Healthy Communities Coordinator in collaboration with the Chronic Disease Prevention Branch Manager and two local ACHIEVE coordinators completed a webinar training on the CHANGE tool in 2012.

Strategies to Achieve Success or Overcome Barriers/Challenges

The CHANGE tool may or may not continue to be used as many coalitions and health departments are moving to doing MAPP assessments. The comment of one of the trainers from Franklin County is that the CHANGE tool can be a complimentary tool, but the MAPP is more extensive.

Activity 1:

CHANGE TOOL TRAINING

Between 10/2011 and 09/2012, The Healthy Communities Coordinator and the Chronic Disease Director will support two ACHIEVE communities and will attend training on the CHANGE tool.

Activity Status

Completed

Activity Outcome

The Healthy Community Coordinator, Shellie Wingate serves as the technical advisor for the Clay County and Northern Kentucky ACHIEVE coalitions. The Chronic Disease Director for NACDD, Sue Thomas-Cox, serves as technical advisor for the Ashland Boyd ACHIEVE and this community now serves as a mentor site.

Reasons for Success or Barriers/Challenges to Success

There has been extensive training by NACDD for ACHIEVE coalitions in Kentucky and the Kentucky Department for Public Health has been able to take advantage of that training.

Strategies to Achieve Success or Overcome Barriers/Challenges

Same as above

Activity 2:

CHANGE Tool Review

Between 10/2011 and 09/2012, The Healthy Communities Coordinator and the Chronic Disease Coordinator will provide a training on the CHANGE tool through the ACHIEVE community mentors.

Activity Status

Completed

Activity Outcome

The CHANGE tool training was completed by the Franklin County Health Department Coalition team leader and the Ashland-Boyd ACHIEVE coalition team leader from the Kentucky Heart Foundation. This was planned and coordinated by the Healthy Community Coordinator in the Health Promotion Branch and the PHHSBG Coordinator and is now placed on TRAIN as a module.

Reasons for Success or Barriers/Challenges to Success

There were good mentor sites in Kentucky to help with this training and the Kentucky Department for Public Health is fortunate to support TRAIN, the public health learning system

Strategies to Achieve Success or Overcome Barriers/Challenges

The CHANGE tool training took place, but at this time we are not sure we will continue to move forward with it as MAPP takes precedence in accreditation activities.

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Healthy Community Tools

Between 10/2011 and 09/2012, The Healthy Community Coordinator in collaboration with the internal Healthy Community Team will establish **3** methods of educating the public and professionals on the Healthy Community Program in Kentucky.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Healthy Community Coordinator in collaboration with the internal Healthy Community Team established **three** methods of educating the public and professionals on the Healthy Community Program in Kentucky.

Reasons for Success or Barriers/Challenges to Success

The three methods utilized for this objective; a website, list serve and annual conference were completed. The website is still in growth stages, and the list serve is maintained by the Healthy Community state coordinator, and the annual conference was enveloped into the Kentucky Voices for Health annual meeting for this year.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in public and private partnership to develop strong Healthy Community Coalitions that will address policy, systems and environmental changes to support healthy choices, access to quality preventive services and community-clinical linkages and the useful data.

Activity 1:

Healthy Community website

Between 10/2011 and 09/2012, A Healthy Community website will be established and updated within the KY Department for Public Health.

Activity Status

Completed

Activity Outcome

The Healthy Community website is functional, but not robust.

Reasons for Success or Barriers/Challenges to Success

There are many limitations due to Cabinet restrictions on the interactivity of our websites.

Strategies to Achieve Success or Overcome Barriers/Challenges

Work with the Commonwealth Office of Technology and the Cabinet to determine if our websites can be more robust.

Activity 2:

Use of a list-serve for updating information

Between 10/2011 and 09/2012, A list serve which can be widely promoted and used to disseminate information will be developed for the Healthy Communities program.

Activity Status

Completed

Activity Outcome

The list serve is maintained by the Healthy Communities Coordinator with over 90 coalition partner names

to distribute updates and opportunities to and the Chronic Disease Prevention Branch maintains a list serve of over 300 stakeholders for the Unbridled Health Plan who receive weekly Tuesday Topics which incorporates training, resources and articles on many topics including Healthy Communities development. These have received great reviews.

Reasons for Success or Barriers/Challenges to Success

One person must maintain the email lists.

Strategies to Achieve Success or Overcome Barriers/Challenges

We are working on the technology for people to sign up on their own on the webpage.

Activity 3:

Healthy Community Conference

Between 10/2011 and 09/2012, there will be one annual conference focusing on education and updates for collaborative partners in the Healthy Communities process.

Activity Status

Completed

Activity Outcome

There were two opportunities for partners across the state to work collaboratively on the Healthy Communities Process - the Kentucky Voices for Health May 2012 and the November 2012 Unbridled Health Stakeholders group. Both were effective means of education and updates on public health and healthy communities strategies.

Reasons for Success or Barriers/Challenges to Success

Strong partnerships are being developed across the state with both public and private partners.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue as above.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Healthy Community Coalitions

Between 10/2011 and 09/2012, Local and District Health Departments in collaboration with the KDPH internal Healthy Community team will increase the number of local Healthy Community Coalitions reporting on outcomes from their coalitions from seven to 57.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, Local and District Health Departments in collaboration with the KDPH internal Healthy Community team increased the number of local Healthy Community Coalitions reporting on outcomes from their coalitions from seven to 57.

Reasons for Success or Barriers/Challenges to Success

There are over 57 healthy community coalitions in the state who report on activities including physical activity, tobacco policy, community health improvement, health systems changes and environmental policy and systems change. They system does not lend itself to coordinating with outcomes.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with the Community Reporting Workgroup to work on developing a strategic reporting system for the Kentucky Department for Public Health.

Activity 1:**Create infrastructure**

Between 10/2011 and 09/2012, Provide funding to local health departments through plan and budget and/or RFP process for the development of Healthy Community Coalitions.

Activity Status

Completed

Activity Outcome

The community plan and budget process is completed each year when funding is allocated in separate costs centers for evidence based strategies.

Reasons for Success or Barriers/Challenges to Success

The current system is challenging and not coordinated.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to seek improvements

Activity 2:**Integration with Chronic Disease/Health Promotion**

Between 10/2011 and 09/2012, Internal KDPH programs will work together to create opportunities for shared meetings at both the state and local level.

Activity Status

Completed

Activity Outcome

The integration process was created in 2008, but found a voice with development of the Unbridled Health, the coordinated chronic disease prevention and health promotion state plan and the coordination with the Community Transformation Grant. A leadership team has developed and work continues on this opportunity.

Reasons for Success or Barriers/Challenges to Success

Changing silos to systems in public health will be a multi-year process, but there have been some effective partnerships established working to common goals.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Kentucky Department for Public Health continues to bring together multiple programs and facilitate opportunities for collaborative work and also working on several shared projects including the Partnership for a Fit Kentucky, the Unbridled Health Leadership Team and shared resources for building healthy communities in Kentucky.

Essential Service 5 – Develop policies and plans**Impact/Process Objective 1:****Local policy and plans**

Between 10/2011 and 09/2012, The Healthy Community Coordinator in collaboration with local Healthy Community Coalitions and the internal Healthy Community Team will collect **two** reporting measurements from funded communities related to local policy, environmental and systems change to improve community health.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Healthy Community Coordinator in collaboration with local Healthy Community Coalitions and the internal Healthy Community Team collected **two** reporting measurements from funded communities related to local policy, environmental and systems change to improve community health.

Reasons for Success or Barriers/Challenges to Success

Coalitions funded through PHHSBG are expected to report on the formation of their coalition, the objectives chosen for the coalition and the impact of the coalition.

Strategies to Achieve Success or Overcome Barriers/Challenges

The reporting process is currently through emails or mailed copies which is labor intensive and therefore another method of reporting is being considered.

Activity 1:

Active Coalitions

Between 10/2011 and 09/2012, Number of Healthy Community Coalitions who provided a list of partners and at least one set of minutes from their coalitions.

Activity Status

Completed

Activity Outcome

At least 22 coalitions have provided a list of partners and one set of minutes.

Reasons for Success or Barriers/Challenges to Success

The process is limited to email, mail or fax which is not a systems approach.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work to develop a reporting system with objectives and outcomes.

Activity 2:

Number of policy or environmental change strategies

Between 10/2011 and 09/2012, Success stories from the Healthy Community Coalitions will be collected.

Activity Status

Completed

Activity Outcome

Many of the community coalitions have submitted success stories and others are being sought.

Reasons for Success or Barriers/Challenges to Success

Training on the success stories has not taken place except for linking people with external resources and persons invited to other state wide meetings. The format is not the same as it is for the PHHSBG.

Strategies to Achieve Success or Overcome Barriers/Challenges

Training will be completed in 2013. It would be good to have an expert from CDC to assist with the training. This could be done through webinar, but would provide consistency.

Impact/Process Objective 2:

Supporting Strategic Plan

Between 10/2011 and 09/2012, The KDPH internal Healthy Community Team in collaboration with statewide partners will develop **one** Coordinated Chronic Disease Prevention and Health Promotion state plan supporting Healthy Communities.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The KDPH internal Healthy Community Team in collaboration with statewide partners developed one Coordinated Chronic Disease Prevention and Health Promotion state plan supporting Healthy Communities.

Reasons for Success or Barriers/Challenges to Success

The coordinated chronic disease prevention and health promotion plan for Kentucky was developed in draft by August 2012 through the work of a leadership team and a large stakeholders group. This plan has four impact areas; data and surveillance, policy, systems and environmental change strategies that support healthy behaviors, access to quality preventive services and strengthening community clinical linkages. This plan will take the place of what was originally conceptualized as a Healthy Community Strategic Plan as it would have been a redundant process.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in a collaborative way to share the Unbridled Health Plan. There is a communication plan for this distribution and use which is being finalized.

Activity 1:**Engage internal and external partners**

Between 10/2011 and 09/2012, Identify and engage partners in the strategic planning process.

Activity Status

Completed

Activity Outcome

All chronic disease prevention and health promotion program managers within the KDPH were invited to be part of the leadership team. Once the leadership team was in place and had met weekly, a facilitator and an advisor were engaged from the colleges of public health in the state. Next a large stakeholder group was engaged. There was a formal process of learning roles and responsibilities, documenting minutes, and prioritizing strategies and outcomes.

Reasons for Success or Barriers/Challenges to Success

The question before us was always what can we do together that we can't do separately. Bringing everyone together from the beginning including an outside facilitator and advisor helped everyone to remain objective in the strategic planning process. However, in times of decreased or limited funding the work can be challenging.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue as above.

Activity 2:**Virtual and face to face meetings**

Between 10/2011 and 09/2012, Provide venue for meetings and communication process to establish input on goals, objectives and activities for the state plan.

Activity Status

Completed

Activity Outcome

Meetings were planned with agendas, minutes and communication was face to face, by webinar and by email.

Reasons for Success or Barriers/Challenges to Success

With minimal staffing and funding issues, the monthly meetings were challenging, but all partners continued to take part in the process.

Strategies to Achieve Success or Overcome Barriers/Challenges

Meetings are now to be held twice annually face to face, with work group meetings monthly by conference call.

Activity 3:**Review of strategic plan**

Between 10/2011 and 09/2012, A draft of the state strategic plan will be disseminated to internal and external partners as well as leadership for review and final approval.

Activity Status

Completed

Activity Outcome

This process is in final phase of completion. The plan has been shared widely about the state in draft form and there has been no negative feedback.

Reasons for Success or Barriers/Challenges to Success

The plan was created by many partners with an opportunity for input and prioritizing of objectives and strategies.

Strategies to Achieve Success or Overcome Barriers/Challenges

The plan will be distributed following final approval through the cabinet and a press release.

Essential Service 9 – Evaluate health programs**Impact/Process Objective 1:****Complete annual Healthy Communities Program Evaluation**

Between 10/2011 and 09/2012, the internal Healthy Communities Team in collaboration with funded partners will analyze three reporting methods for the Healthy Communities Process.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the internal Healthy Communities Team in collaboration with funded partners analyzed three reporting methods for the Healthy Communities Process.

Reasons for Success or Barriers/Challenges to Success

The three reporting utilized for program evaluation were consistent with previous approaches. They have not comprehensively given us the details that we want to appropriately evaluate outcomes. Reporting was expected on webinar training, health impact assessment, and the annual healthy communities conference.

Strategies to Achieve Success or Overcome Barriers/Challenges

- The webinar training was not evaluated except for the CHANGE Tool training and was received favorably.
- The Health Impact Assessment Training was received favorably.
- The annual conference was done in collaboration with the Kentucky Voices for Health and was received favorably.

Activity 1:**Webinar Training**

Between 10/2011 and 09/2012, Four webinars supporting capacity and training for Healthy Communities leaders will be made available by the Chronic Disease Director and Healthy Communities Coordinator.

Activity Status

Completed

Activity Outcome

- October 31st 2011 CHANGE Tool Training with two expert ACHIEVE leaders from Franklin County and Ashland-Boyd and Greenup County
- January 25, 2012 Community Commons Demonstration
- February 21st 2012 Teresa Lovely, Worksite Wellness Coordinator presented on Health Impact Assessment
- May 2012 Kentucky Voices for Health Annual Conference, County Health Rankings

Reasons for Success or Barriers/Challenges to Success

Using varied experts, venues and resources all trainings were completed

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work together to cover a wide variety of topics for building Healthy Communities

Activity 2:**Health Impact Assessment**

Between 10/2011 and 09/2012, The Worksite Wellness Coordinator will provide training on Health Impact Assessment to funded communities.

Activity Status

Completed

Activity Outcome

Teresa Lovely, the Kentucky Worksite Wellness Coordinator works with the CDC, the Kentucky Chamber of Commerce and multiple business partners. She also participated in a widely recognized Health Impact Assessment (HIA) analysis for the state. She presented on these findings and how extensive an HIA is and what it can bring to a coalition.

Reasons for Success or Barriers/Challenges to Success

We have some existing experts within the state that we are able to utilize for training. Teresa is also available to travel to sites on a limited basis for technical assistance for new projects. She is currently coordinating and updated resource guide which will be free to all partners in the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to utilize internal experts and as necessary seek outside expertise to build knowledge and capacity.

Activity 3:**Evaluation of Healthy Communities Conference**

Between 10/2011 and 09/2012, Through the TRAIN component of Workforce Development Branch, attendees at the annual conference will be given the opportunity to evaluate the effectiveness of the conference.

Activity Status

Completed

Activity Outcome

Although attendees were given an opportunity to evaluate the speakers at the Kentucky Voices for Health, this was not completed through TRAIN. They had a separate system for evaluation and the results were shared with the speakers and the leadership.

Reasons for Success or Barriers/Challenges to Success

Partnerships are essential to the work that we are doing to create a sustainable infrastructure for healthy community coalitions. Resources, time and expertise must be shared in order to evaluate the effectiveness of the educational experience.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in collaborative partnerships.

State Program Title: Osteoporosis Prevention and Education Program

State Program Strategy:

Goal: The Osteoporosis Prevention and Education Program (OPEP) is a multigenerational program created to raise community and provider awareness of the causes, prevention, diagnosis and treatment of osteoporosis. The goal of OPEP is to reduce the prevalence of osteoporosis through prevention strategies and promotion of early detection and treatment, resulting in fewer fractures due to osteoporosis and reduced mortality.

Priorities: The Kentucky Department for Public Health in cooperation with multiple partners will establish the following: 1) Provide a broad-based community education program to educate the public about prevention, diagnoses and treatment options for osteoporosis; 2) Develop a network to disseminate evidence-based prevention programs related to bone health and falls prevention; 3) Educate health care providers and professionals to improve prevention, diagnosis, and treatment of osteoporosis; 4) Create a resource network for dissemination of information to consumers and health care professionals on osteoporosis; and 5) Improve the use of data and surveillance to monitor osteoporosis and falls prevention in Kentucky.

In Kentucky, legislation was enacted in 2006 to establish a statewide multigenerational osteoporosis prevention and education program with an annual budget of \$90,000. This osteoporosis funding has provided initial startup monies for the program with ongoing awareness and educational opportunities for the public, training for community partners to deliver evidence-based prevention programs, promotion of clinical guidelines for osteoporosis treatment and diagnosis to health care providers and the purchase of two Bone Density Heel Scan machines. The Osteoporosis Program coordinator shares duties for the Arthritis Program. Salary is provided with 1/2 PHHSBG funds and 1/2 state funds. This is a perfect complement of programmatic oversight because Chronic Disease Self-Management and Arthritis Foundation Exercises are an important approach to controlling the complications of Osteoporosis.

Primary Strategic Partners:

The Osteoporosis Program has several strategic partners, both internal and external who will assist with the development and implementation of the program. Internal partners include Adult and Child Health Improvement, Oral Health Program, Coordinated School Health, Medicaid, Healthy Start in Child Care Program, Kentucky Commission on Women, Wellness and Health Promotions Branch, Chronic Disease Prevention Branch, and the Department of Aging and Independent Living. External partners include University of Kentucky Area Health Education Centers, University of Kentucky Health Education through Extension Leadership (HEEL), Humana, Kentucky Department of Education, Kentucky Injury Prevention Research Center, Traumatic Brain Injury Association of Kentucky, local and district health departments and community-based hospitals and clinics.

Role of PHHSBG Funds: The role of the PHHSBG in this program is to provide funding for 1/2 FTE to coordinate the program and to provide funding to strategic pilot programs in local communities to implement strategies addressing bone health and prevention of osteoporosis. Local health departments are provided approved evidence based osteoporosis prevention and strategies with which to write a plan and budget and as appropriate work with a coalition in order to provide access to physical activity and healthy foods which are primary prevention factors for Osteoporosis.

Evaluation Methodology: BRFSS data and hospitalization data will be used to evaluate progress toward achieving the primary goal of reducing the proportion of adults with osteoporosis. These data sources correspond with the Healthy Kentuckians 2020 objectives related to osteoporosis and chronic back conditions. In addition, the program will be evaluated using results of pre and post surveys and functional fitness assessments for participants attending evidence-based programs in the community as well as reporting from Falls Prevention Coalitions in funded sites.

National Health Objective: 2-9 Osteoporosis

State Health Objective(s):

Between 07/2007 and 10/2020, Reduce the rate of hospitalization for vertebral fractures associated with osteoporosis (rate per 10,000 adults aged 65 and older) to 11.5 per 10,000.

State Health Objective Status

Met

State Health Objective Outcome

In 2008 the rate of hospitalization for vertebral fractures for persons aged 65 and older was 16.62 per 10,000 age adjusted population. In 2009 the rate declined to 12.91 per 10,000 which shows an improvement.

Reasons for Success or Barriers/Challenges to Success

There are many reasons for improvement including better techniques which allow patients to have outpatient procedures rather than be hospitalized. There is no data collection source for patients who are diagnosed in the physician's office and are never hospitalized.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with Falls Coalitions, the University of Kentucky Prevention and Injury Center, providers and the Department of Aging to reduce the risk of Osteoporosis fractures in Kentucky.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Prevention of Osteoporosis starts when people are young, Getting young and old people more physically active and with better nutrition will reduce Osteoporosis in later life and risk of falls.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 3 – Inform and Educate****Impact/Process Objective 1:****Bone Health Education**

Between 10/2011 and 09/2012, six local health departments will maintain **one** activity for education on fall prevention, osteoporosis, and general bone health through community programs and activities.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, six local health departments maintained **one** activity for education on fall prevention, osteoporosis, and general bone health through community programs and activities.

Reasons for Success or Barriers/Challenges to Success

Health departments continue to meet challenges in staffing and budget as their priorities continue to change in this time of budget crisis. The six health departments that receive funding for working on Osteoporosis and Falls Prevention have continued their coalition work and community health programs directed at these issues. These educational events included Strong Women, Matter of Balance, Body Recall and Falls Prevention Awareness Day.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with local and district health departments to provide technical assistance for Falls Prevention Coalitions, the latest information on osteoporosis prevention and general bone health.

Activity 1:**Quarterly Reporting and Evaluation**

Between 10/2011 and 09/2012, Each funded local health department or local coalition will provide a written plan and budget for activities and quarterly reporting will be expected.

Activity Status

Completed

Activity Outcome

Through community plan and budget process the local health departments enter the activities that they will do for the year and then these are checked quarterly by the program manager.

Reasons for Success or Barriers/Challenges to Success

Health departments have been using the plan and budget process with the department for many years.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with local health departments for reporting and outcomes.

Essential Service 4 – Mobilize Partnerships**Impact/Process Objective 1:****Safe Aging Coalition**

Between 10/2011 and 09/2012, The Kentucky Arthritis/osteoporosis Coordinator when collaborating with the Safe Aging Coalition will distribute the sustainable older adult fall prevention plan for the state to **more than 30** coalitions, partners and stakeholders in the state who can have an impact on reducing falls in Kentucky.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Kentucky Arthritis/osteoporosis Coordinator when collaborating with the Safe Aging Coalition distributed the sustainable older adult fall prevention plan for the state to **thirty three** coalitions, partners and stakeholders in the state who can have an impact on reducing falls in Kentucky.

Reasons for Success or Barriers/Challenges to Success

The Kentucky Safe Aging Coalition is maintained by the University of Kentucky and the Kentucky Arthritis/Osteoporosis Coordinator is a part of that large group. The 33 partners represented in this group all received the plan in quarterly meetings and were able to further distribute those to other partners.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with the Kentucky Safe Aging Coalition for maximum reach and impact.

Activity 1:**Technical Assistance**

Between 10/2011 and 09/2012, Work with the Safe Aging Coalition and UK Injury Prevention and Research Center to provide quarterly technical assistance to five local falls prevention task force groups to assess the community response and resources for older adults who are at risk for falling or who have sustained a fall.

Activity Status

Completed

Activity Outcome

The five coalitions are located in Barren River, Green River, Madison County, Jessamine County and

Oldham County. The Kentucky Safe Aging Coalition hosts the quarterly meetings.

Reasons for Success or Barriers/Challenges to Success

There was a change in staff during this time and quarterly calls were not held with those sites that were funded, but networking and technical assistance was available through the Kentucky Safe Aging Coalition.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with the five local coalitions and the Kentucky Safe Aging Coalition.

Activity 2:

Addressing Community Assessments

Between 10/2011 and 09/2012, Work with five local falls prevention task force groups to develop interventions to address gaps found in the community assessment.

Activity Status

Completed

Activity Outcome

A Falls Prevention Community Assessment was created for use by these coalitions. They were distributed at the June Falls Prevention Summit, hosted by the University of Kentucky and the Kentucky Department for Public Health.

Reasons for Success or Barriers/Challenges to Success

It is unknown whether these assessments have been used. There is a new Falls Prevention Coordinator at the University of Kentucky who will follow-up along with the Arthritis/Osteoporosis Program Manager.

Strategies to Achieve Success or Overcome Barriers/Challenges

These falls prevention community assessments can be used as an adjunct to the community assessments taking place in multiple counties in readiness for public health accreditation.

Activity 3:

Fall Prevention Summit

Between 10/2011 and 09/2012, In partnership with the Safe Aging Coalition and UK Injury Prevention and Research Center, hold quarterly Safe Aging Coalition meetings for all stakeholders in Kentucky that addresses the environment and best practices for preventing falls.

Activity Status

Completed

Activity Outcome

The KY Department for Public Health through the Arthritis/Osteoporosis Program works in cooperation with the University of Kentucky Injury Prevention and Research Center, which is the bonafide agent for the CDC Injury Prevention Grant for Kentucky. Quarterly meetings were held with minutes and attendees. There are 33 members with an extensive email list serve.

Reasons for Success or Barriers/Challenges to Success

Due to a change in staffing at the University of Kentucky July 1, 2012 there is increased emphasis on the Kentucky Safe Aging Coalition and a local health department Falls Prevention Coordinator has become the leader/facilitator of the meetings which has enhanced quality of the meetings and documentation.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to monitor the progress of the coalition meetings and provide assistance as able.

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:**Integrated Policies**

Between 10/2011 and 09/2012, the Osteoporosis Program Lead in cooperation with the Healthy Communities Initiative will identify 2 integrated policies that support health across the lifespan and develop plans for educating policy makers.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the Osteoporosis Program Lead in cooperation with the Healthy Communities Initiative identified two integrated policies that support health across the lifespan and develop plans for educating policy makers.

Reasons for Success or Barriers/Challenges to Success

Two policies are identified that will make maximum impact across the lifespan.
Walkable communities and smoke free environments.

Policies related to such transportation issues as Complete Streets support health across the lifespan.

Multiple advocacy groups and coalitions including Smoke Free Kentucky are working together for a statewide smokefree policy. Until that time local coalitions continue to develop ordinances protecting their own communities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnership to identify policies that can decrease the risk of osteoporosis.

Activity 1:**Healthy Communities Initiative**

Between 10/2011 and 09/2012, the Osteoporosis Program will work with the Healthy Communities Initiative to address policies related to falls prevention, physical activity, nutrition, smoke-free environments and the built environment across the lifespan.

Activity Status

Completed

Activity Outcome

Each year three communities are chosen by an RFP process for work on Healthy Communities and are funded cooperatively through the PHHSBG, Tobacco Settlement and Tobacco Federal Funds. Although there are many other self-funded coalitions, these were chosen to work on specific objectives related to smoke free environments and walkable communities.

Reasons for Success or Barriers/Challenges to Success

Coalitions are motivated to create healthy community environments, but the work of policy change can be long and requires some expertise.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work collaboratively to address these issues.

Activity 2:**Technical Assistance**

Between 10/2011 and 09/2012, the Osteoporosis Program will provide technical assistance to the nine local communities chosen for the Healthy Communities projects.

Activity Status

Completed

Activity Outcome

The Arthritis/Osteoporosis Program Manager continues to provide technical assistance as required although routine site visits are not done due to travel/funding issues. All contact information is available to them as well as any toolkits, resources and policy briefs on Falls Prevention. Webinars on Falls Prevention were made available widely for all coalitions.

Reasons for Success or Barriers/Challenges to Success

It is a challenge to get all coalitions to consider aspects of the life continuum. Many want to focus on children and schools, however with the MAPP process being completed in many areas, we note that life continuum is being considered more often.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to provide technical assistance.

Impact/Process Objective 2:**Falls Prevention Task Force**

Between 10/2011 and 09/2012, the Osteoporosis Program lead, in cooperation with the Safe Aging Coalition, will provide interventions to raise awareness of the impact of falls to **two** for the elderly.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the Osteoporosis Program lead, in cooperation with the Safe Aging Coalition, provided interventions to raise awareness of the impact of falls to **four** for the elderly.

Reasons for Success or Barriers/Challenges to Success

1. The Governors Proclamation on Falls Prevention.
2. The Governors Proclamation on Osteoporosis
3. The No Falls Website www.nofalls.org maintained by UK.
4. Falls Prevention Summit in June 2012

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue these successful interventions.

Activity 1:**Issue Brief**

Between 10/2011 and 09/2012, A Falls Prevention Issue Brief will be finalized and distributed to local health departments, providers and made available to the public in cooperation with the Safe Aging Coalition.

Activity Status

Completed

Activity Outcome

An issue brief from No Falls Kentucky addressing the challenge, falls facts, key accomplishments, legislation and advocacy and falls data was created and distributed by the Kentucky Safe Aging Coalition and the KDPH Arthritis/Osteoporosis Program in cooperation with the Kentucky Injury Prevention Research Center.

Reasons for Success or Barriers/Challenges to Success

This is a first time distribution and it was very successful and will be continually updated. This brief has not been shared with legislators or policy makers and will be a next step.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue collaborative work and annual issue brief

Activity 2:

Task force group work gap analysis

Between 10/2011 and 09/2012, Work with five local falls prevention task force groups to develop interventions that address gaps found in the community assessments.

Activity Status

Completed

Activity Outcome

The Falls Prevention Community Assessment tool was developed as previously stated. These assessments have not been completed and returned.

Reasons for Success or Barriers/Challenges to Success

One of the elements identified in the assessment is working with EMS/Fire Departments due to their frequent involvement with people who fall.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Osteoporosis/Arthritis Program Manager has met with the Kentucky Board of Emergency Services.

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Osteoporosis Education and Competency

Between 10/2011 and 09/2012, The Osteoporosis Program will maintain one training module on Osteoporosis. The module is accessible at <http://ky.train.org>.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Osteoporosis Program maintained one training module on Osteoporosis. The module is accessible at <http://ky.train.org>.

Reasons for Success or Barriers/Challenges to Success

The Osteoporosis Training Module for Kentucky remains current on TRAIN.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Program Coordinator will check to see how many people have accessed the module over the past year.

Activity 1:

Promoting the Osteoporosis Module on TRAIN

Between 10/2011 and 09/2012, Promote the module to local health department staff, aging services, cooperative extension and non-profit organizations through the computer based network system .

Activity Status

Completed

Activity Outcome

The Osteoporosis/Arthritis Program Manager and the Kentucky Safe Aging Coalition promoted the module to local health departments. Additionally, the webinars on medication for the elderly and falls prevention were also hosted on TRAIN.

Reasons for Success or Barriers/Challenges to Success

The Kentucky Department for Public Health supports the public health TRAIN and the Workforce Development Branch and webinars and modules are able to be archived and retained with certificate of completion.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to promote modules on TRAIN.

Activity 2:

Training and Technical Assistance

Between 10/2011 and 09/2012, Provide training and technical assistance for implementing evidence-based bone health strategies for local health departments and other community organizations in Kentucky.

Activity Status

Completed

Activity Outcome

A community toolkit has been developed consisting of power point presentations, publications, resources, helpful web links and awareness and education materials that can be used for community falls prevention and osteoporosis prevention activities.

Reasons for Success or Barriers/Challenges to Success

The Kentucky Injury Prevention Research Center and the Osteoporosis/Arthritis Program Manager developed this kit.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work together in a collaborative way.

Impact/Process Objective 2:

Competency of Trainers

Between 10/2011 and 09/2012, The Osteoporosis Program will maintain 2 training initiatives related to Osteoporosis Prevention and Control.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Osteoporosis Program maintained two training initiatives related to Osteoporosis Prevention and Control.

Reasons for Success or Barriers/Challenges to Success

There are multiple Matter of Balance training by lay leaders throughout the state annually by local health departments. The University of Kentucky Extension agents also provide classes.

StrongWomen continues to be offered in multiple locations in the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

There have been no additional trainer classes in the state so classes must be taught through current leaders. An evaluation will take place to see if additional classes are needed in the state.

Activity 1:

Matter of Balance Training

Between 10/2011 and 09/2012, Conduct 10 Matter of Balance participant classes throughout the state and evaluate effectiveness as measured through pre and post surveys.

Activity Status

Completed

Activity Outcome

There were 31 Matter of Balance participant classes conducted and reported in the state. Pre and post surveys are completed but were not compiled prior to this report.

Reasons for Success or Barriers/Challenges to Success

Leaders have not compiled all of the written reports due to time. At this time all we know is number of classes, but not number of participants.

Strategies to Achieve Success or Overcome Barriers/Challenges

Develop a concise reporting mechanism

Activity 2:

Strong Women

Between 10/2011 and 09/2012, Conduct 12 StrongWomen classes throughout the state and evaluate effectiveness as measured through pre and post surveys.

Activity Status

Completed

Activity Outcome

There were 135 six week courses for StrongWomen conducted across the state.

Reasons for Success or Barriers/Challenges to Success

Pre and post surveys were completed, but have not been reported to the Osteoporosis/Arthritis Program Manager at the time of this report.

Strategies to Achieve Success or Overcome Barriers/Challenges

Create a template for reporting on the effectiveness of the classes.

Activity 3:

Evaluate and monitor

Between 10/2011 and 09/2012, Conduct quarterly conference calls with Matter of Balance and StrongWomen program leaders in order to monitor success and determine barriers to effective education including review of pre and post surveys and site visits.

Activity Status

Not Completed

Activity Outcome

These calls were not conducted as scheduled. There was email communication between leaders and the program manager.

However, there was a series of videoconferences described as Kentucky's Call to Action on Falls Prevention.

Reasons for Success or Barriers/Challenges to Success

There were changes in the staffing with a contractor from UK and the Osteoporosis/Arthritis Program Manager was unable to take over the calls. The Call to Action topics included: Examination, Assessment and Interventions for Falls Prevention; Dept of Aging and Independent Living overview of services and Standing Up to Falls Presentation; Risk to Aging Farmers for Falls; Falls and Medication Use in the elderly. These were completed and the leaders were given opportunity to learn about these other issues related to falls prevention in order to be more effective with the older age group.

Strategies to Achieve Success or Overcome Barriers/Challenges

Same as above.

State Program Title: Physical Activity Program**State Program Strategy:**

GOAL: The Kentucky Physical Activity Program focuses on increasing the physical activity of adults and children and enhancing the core capacity of health professionals and other partners to participate in planning and development of activities to address community needs.

Priorities: In 2010, the Physical Activity Program along with the Nutrition and Obesity, Tobacco Prevention and Control, Healthy Communities and Worksite Wellness Program was moved in the Department for Public Health into the Division of Maternal and Child Health so that an additional focus could be made on Obesity starting with an upstream approach to families and children.

Beginning in 2001, the PHHSBG Advisory Committee chose to strategically utilize \$1.5 million of the funding received by the state to address the need for increased physical activity in Kentucky. Each of the 56 local/district health departments in the state of Kentucky has received PHHSBG funds in each of those years to address adult and child physical activity within their communities although the PHHSBG funding is considerably less in 2011 than in 2001. Additionally, these funds were for startup funding with the anticipation that programs would create sustainable programs. These mini-grants are given based on their annual community plan which is submitted to the state Physical Activity Program Manager for approval. The community-based plan utilizes pre-approved evidence based strategies and interventions to be conducted by each local health department based on the recommendations in the Guide to Community Services. Each local health department has an assigned coordinator for these projects. Monthly activities at the community level are entered into a statewide Community Health Services Reporting System data base (DataMart); however there are limitations to this data collection system and additional reporting will be necessary to evaluate the impact that this program has on the state.

There is now an integrated approach to Physical Activity in Kentucky. Although strategies can continue to include individual health behavior programs, local health departments have been encouraged to shift to policy, environment and systems change approaches that have much more reach and impact. Local health departments may continue to fund with local and state tax dollars additional strategies beyond those recommended by the Physical Activity Program.

There is a recommendation for Kentucky schools grades K-5 for a minimum supervised recess of 20 minutes daily with the students engaging in 15 minutes of planned moderate to vigorous physical activity each day. This is a recommendation and not a legislated policy. Many districts have placed increased emphasis on healthy school environments and the number of school site based councils who have developed strategies to increase scheduled physical activity throughout the state.

Our best chance of success relies on a coordinated approach involving evidence-based strategies, within settings that span the full range of the social system from school health policies, and local access to physical activities, through health promotion activities and counseling patients by their health care providers.

Primary Strategic Partners:

Internal partners include: Maternal and Child Health, Partnership for a Fit Kentucky, Coordinated School Health, Arthritis/Osteoporosis, Chronic Disease Prevention Branch, Heart Disease and Stroke, Obesity, Diabetes, Coordinated School Health, Nutrition and Health Services Branch.

External partners include: Department of Education, Department of Transportation, Offices of Aging and Independent Living, universities, Foundation for a Healthy Kentucky, Kentucky Medical Association, local and district health departments, YMCAs, faith based organizations and local and city councils.

National Health Objective: 22-1 Physical Activity in Adults

State Health Objective(s):

Between 07/2003 and 12/2014, Increase to at least fifty percent the proportion of Kentuckians ages 18 and over who engage regularly in physical activity for at least twenty minutes, three or more times per week.

State Health Objective Status

Not Met

State Health Objective Outcome

This health objective has not been met in Kentucky. It is also important to note that the objective data which we were using has been changed on the BRFSS for 2011. Participants are now asked if they participated in 150 minutes or more of Aerobic Physical Activity per week. KY 2011 BRFSS data indicate that 46.8% responded yes compared with 51.7% nationally. In response to the question regarding any physical activity, 70.7% of respondents say they did some physical activity compared with 73.8% nationally.

Reasons for Success or Barriers/Challenges to Success

Kentucky is primarily a rural state with a high rate of poverty in many areas. Usual opportunities for physical activity are sometimes minimal across the state. The YMCA's are usually located in larger metropolitan areas such as Louisville, Lexington and Frankfort. Rural and impoverished areas tend to not have access to gyms and exercise facilities. Some memberships would be out of the reach for the low income populations.

There is no statewide mandate for physical activity at school, only a recommendation. There is no statewide Complete Streets Policy.

Strategies to Achieve Success or Overcome Barriers/Challenges

There are multiple coalitions and groups in the state working on physical activity strategies. The Partnership for A Fit Kentucky is a coalition of over 200 people across the state working at regional levels. They also host and maintain a list serve for over 1,000 recipients where health professionals, health educators, providers, schools, universities and private citizens get updated on the latest policy, systems and environmental messages. Additionally, the Foundation for a Healthy Kentucky, multiple school districts, the Kentucky Department of Education, the Kentucky Department of Transportation, Kentucky Youth Advocates and many others are working together create sustainable change making the healthy choice the easy choice.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

All local and district (LHD) public health departments are given funds in the Physical Activity Cost Center in an annual plan and budget. The LHDs utilize pre-approved strategies and interventions such as building strong coalitions, systems changes, and evidence based curriculums. Because they do not receive enough PHHSBG funds for all activities, they are required to use local tax dollars and some other federal dollars. In FY 2012 over two million dollars was leveraged in this cost center and this does not include all of the indirect support from other organizations and members of the coalitions that LHD's host.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 3 – Inform and Educate****Impact/Process Objective 1:****Adult Community Based Physical Activities**

Between 10/2011 and 09/2012, the Kentucky Physical Activity Program Manager in collaboration with expert internal and external partners will maintain **two** adult community-based physical activity training opportunities.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the Kentucky Physical Activity Program Manager in collaboration with expert internal and external partners maintained **two** adult community-based physical activity training opportunities.

Reasons for Success or Barriers/Challenges to Success

There were more than two adult community based physical activity training opportunities made available in the state during this grant period. These will be explored in more detail under specific objectives and strategies.

Strategies to Achieve Success or Overcome Barriers/Challenges

The two strategies chosen for this objective will continue to be in place, although they will be part of different programs due to some infrastructure changes. The Arthritis Program will now maintain and fund the Arthritis Foundation Exercise classes and Matter of Balance will be a key component of Osteoporosis only.

Activity 1:**Professional Development**

Between 10/2011 and 09/2012, The state physical activity program will provide at least one training opportunity at the Healthy Community annual conference

Activity Status

Completed

Activity Outcome

Although there was not a Healthy Community Conference held in Kentucky this year, this training was still accomplished by training provided on Physical Activity at the Coordinated School Health Conference in June of 2102 and through the YMCA Pioneering Healthy Communities Conference in June 2012.

Additional opportunities for training were made available by Webinar to all Healthy Communities Coordinators in each location as travel funding was limited this year. These webinars were hosted by national organizations with national experts and were sent out to all healthy community coordinators in the state by email.

Reasons for Success or Barriers/Challenges to Success

The state physical activity program is now distributed across multiple coordinated activities and programs so that the continuum of the lifespan is addressed. Such diverse programs as Healthy Communities, Coordinated School Health, Obesity, Arthritis, and Diabetes are providing training on environmental, policy and systems changes and evidence based self-management courses.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to evaluate the efficacy of a statewide meeting versus training opportunities by webinar and national organizations and speakers. Utilize other statewide meetings such as the Obesity Conference, Coordinated School Health, Summer Series on Aging at the University of Kentucky, Kentucky Public Health Association Annual Conference and others as avenues of training.

Activity 2:**Adult Exercise Programs**

Between 10/2011 and 09/2012, Provide funding for Arthritis Foundation Exercise classes and Matter of Balance.

Activity Status

Completed

Activity Outcome

Arthritis Foundation Exercise classes were taught in six different locations in Kentucky and Matter of Balance classes were taught in seven locations.

Reasons for Success or Barriers/Challenges to Success

There is only one Master Trainer for Arthritis Foundation in Kentucky and not enough lay leaders. Matter of Balance will continue to be a part of Physical Activity in the life continuum, but may not be done by health departments in the future unless a focused priority for them. Arthritis Exercise classes require a background in exercise and many people who would sign up are not qualified by the Arthritis Foundation for training.

Strategies to Achieve Success or Overcome Barriers/Challenges

Kentucky has moved the AF classes to the Arthritis Program and will not be doing these as a part of PHHSBG in the future. These classes will be embedded in other organization structure such as Area Aging Agencies, gyms, parks and recreation, YMCA, and faith based organizations.

Essential Service 4 – Mobilize Partnerships**Impact/Process Objective 1:****Regional Partnership Coalition Participation**

Between 10/2011 and 09/2012, the Kentucky Physical Activity Program Coordinator will increase the percent of local health departments who participate in regional coalitions that effectively address increasing physical activity through policy and environmental change and use of evidence based guidelines from 50 percent to **60 percent**.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the Kentucky Physical Activity Program Coordinator increased the percent of local health departments who participate in regional coalitions that effectively address increasing physical activity through policy and environmental change and use of evidence based guidelines from 50 percent to **82%**.

Reasons for Success or Barriers/Challenges to Success

There are multiple partners working on the need to address physical activity across the state. While every Area Development District has a group working at the regional level on increasing physical activity levels, not all counties or small towns have a coalition.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to provide technical support through webinars, list serves, advising of evidence based strategies, and training opportunities at the state and national level. Work with all partners focused on increasing physical activity and advocacy groups.

Activity 1:**Partnership for a Fit Kentucky**

Between 10/2011 and 09/2012, The state Physical Activity Coordinator will provide site visits, list-serve announcements, save the dates, and invitations to local health departments who are not currently involved in regional meetings in order to increase involvement and impact.

Activity Status

Completed

Activity Outcome

The position for state physical activity coordinator was abolished and the work is now spread between the state Healthy Communities Coordinator, the Obesity Program Coordinator, the Bone and Joint

Program Coordinator and regional coordinators for the Partnership for a Fit Kentucky. The Obesity Program Coordinator manages the PFK list serve of over 1,000 recipients and the Healthy Communities Coordinator manages the list serve for the 56 local/district public Healthy Community Coordinators. Site visits are conducted as needed with local coalitions.

Reasons for Success or Barriers/Challenges to Success

This has been an effective way to communicate ongoing training, new announcements for funding opportunities, webinars at the state and national level and requires more interaction and communication between managers.

In addition beginning in July 2012, the Chronic Disease Prevention Branch contracted with the Montgomery County Health Department for an employee with an Exercise Physiology Masters and experience in public health as well. None of the positions in this outcome are funded with PHHSBG, but we believe this creates sustainability.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnership with multiple internal programs, thereby decreasing silos in physical activity communication and planning.

Activity 2:

Second Sunday Initiative

Between 10/2011 and 09/2012, The state Physical Activity Coordinator will provide support and instruction on the Second Sunday Initiative by working collaboratively with local health departments to increase by 10% those communities who agree to close down a road for promoting walking and physical activity in order to promote awareness of environmental and policy change impact.

Activity Status

Completed

Activity Outcome

In Kentucky the Second Sunday Initiative was coordinated by the University of Kentucky Extension Agents, local health departments and local Healthy Community Coalitions or parks and recreational facilities. It is difficult to calculate the true percentage as not all of them reported through extension although we know that many more participated than last year resulting in the 10% increase.

See the website at <http://www.2ndsundayky.com/>

Reasons for Success or Barriers/Challenges to Success

It is a challenge to have communities close down a road so many chose to invite people to a park or alternate place to walk and show how easy it is to get out and exercise.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with extension, Department of Transportation, local parks and recreation and local healthy community coalitions.

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

Evaluation of Physical Activity Strategies

Between 10/2011 and 09/2012, the Physical Activity Program Coordinator in coordination with the Preventive Health and Health Services Block Grant Coordinator will collect **four** methods of program evaluation for local/district health departments funded through the PHHSBG.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the Physical Activity Program Coordinator in coordination with the Preventive Health and Health Services Block Grant Coordinator collected **four** methods of program evaluation for local/district health departments funded through the PHHSBG.

Reasons for Success or Barriers/Challenges to Success

The PHHSBG team effectively used BRFSS/YRBS, DataMart an internal system, technical assistance and site visits and success stories to evaluate interventions and activities related to funding at the local/district public health departments. Although all have been utilized there is work to be done to develop a consistent method of evaluation, meetings, and record of outcomes for public health.

Strategies to Achieve Success or Overcome Barriers/Challenges

There is an internal work group in the Department for Public Health working on a quality improvement project called Community Plan and Reporting. The purpose of this workgroup is to provide a recommendation to administration regarding needs of both the department and the reporting sites for a consistent overall approach rather than each program developing and purchasing different systems.

Activity 1:

BRFSS and YRBS Data

Between 10/2011 and 09/2012, the Physical Activity Coordinator will work with the state BRFSS program and the Kentucky Department of Education YRBS survey to analyze the core questions related to exercise, physical activity and access to physical activity on the surveys in order to determine impact across the state of PHHSBG funding.

Activity Status

Completed

Activity Outcome

The KY BRFSS Program analyzes data for the Physical Activity Program needs. At this time the KY BRFSS Program is also publishing Area District Profiles so that area districts around the state can access their own comparative data.

The Kentucky Department of Education shares YRBS data widely with partners and the work of the Coordinated School Health Program is located in both KDE and KDPH.

Both of these sets of data were shared at regional forums held in four different areas of the state in 2012 and have been shared with coordinators at local/district public health departments.

Reasons for Success or Barriers/Challenges to Success

This data is widely available and have helped physical activity coordinators/community partners and coalitions look at the data as they are completing their community assessments and their community health improvement plans which are in progress.

Additionally, the data was used during the writing of the Coordinated Chronic Disease Prevention and Health Promotion State Plan -Unbridled Health. This data was disseminated to a large group of stakeholders as priorities and strategies were developed.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnership with the KY BRFSS Program and the KY Department of Education.

Activity 2:

DATAMART activity

Between 10/2011 and 09/2012, Monitor activities of local health departments who input physical activity strategies into DATAMART as a condition of PHHSBG funding.

Activity Status

Completed

Activity Outcome

All 57 local and district health departments reported on activities funded through the PHHSBG. These included physical activity classes as well as community coalitions.

Reasons for Success or Barriers/Challenges to Success

Although local health departments are required to report, the report is a simple access database and does not allow for text. Total categories, numbers of reach and hours invested are reported.

Strategies to Achieve Success or Overcome Barriers/Challenges

KDPH has a work group that is addressing the Community Reporting System.

Activity 3:**Technical Assistance**

Between 10/2011 and 09/2012, The state Physical Activity Program Coordinator will provide technical assistance to local health departments who may need assistance developing, coordinating or completing chosen physical activity strategies. At least 5 sites will be visited annually.

Activity Status

Completed

Activity Outcome

The Physical Activity Program Coordinator position was vacated and not replaced during this year. The duties were taken over in a collaborative effort by the Healthy Community Coordinator, the Arthritis/Osteoporosis Program Coordinator, the Obesity Program Coordinator and the PHHSBG Coordinator. Information was still offered through a variety of list serves and webinars hosted by KY Healthy Communities Program Manager, Arthritis/Osteoporosis Program Manager, and the Obesity Program Manager through the Partnership for a Fit KY and the Chronic Disease Prevention Branch weekly update called Tuesday Topics. There were no site visits during this time for setting up a physical activity program.

Reasons for Success or Barriers/Challenges to Success

It is unknown at this time whether a Physical Activity Coordinator will be hired for the state so the development of a coordinated approach remains the same. There is a need to make the coordination more systematic with planned meetings and documentation.

Strategies to Achieve Success or Overcome Barriers/Challenges

As of July 2012, there is now a training coordinator position in the Chronic Disease Prevention Branch who will be working to coordinate efforts. This role is filled by a person with a Masters in Physical Activity/Exercise Physiology.

Activity 4:**Success Stories**

Between 10/2011 and 09/2012, Provide training on Success Stories and receive a draft of a success story for each funded health department.

Activity Status

Not Completed

Activity Outcome

there has been no formal training on Success Stories for this year for the funded health departments. However, all of the information available in the PHHSBG system has been shared with the coordinators at each local health department. Additionally, they were given opportunity to participate in a webinar by NACCHO on the effectiveness of success stories. Because the training was not completed, success stories have not been submitted by all local health departments.

Reasons for Success or Barriers/Challenges to Success

This training was not set up during this time period due to the change in staffing during the current year. This will be a focus area for 2013.

Strategies to Achieve Success or Overcome Barriers/Challenges

The most logical way to schedule this training will be through a webinar/and or webcast requesting a national expert to provide the training. Through Kentucky TRAIN, this method should be available.

National Health Objective: 22-6 Physical Activity in Children and Adolescents

State Health Objective(s):

Between 07/2003 and 12/2014, increase the proportion of young people in grades K-12 who engage in moderate physical activity for at least thirty minutes on five or more of the previous seven days.

State Health Objective Status

Not Met

State Health Objective Outcome

According to the YRBS data for Kentucky there has been progress in this area.

The question for YRBS is actually worded sixty minutes on five or more of the previous seven days to take into consideration the recommendation of requirements for this age group.

In Kentucky in 2009 54.5 percent of Middle School respondents said they were active and 2011 YRBS data shows that only 52.3 percent respond they are active.

Reasons for Success or Barriers/Challenges to Success

Barriers include no state requirement for mandatory physical activity in schools where children spend a good part of their day. The law states that it is recommended for this age group. Other barriers include lack of safe play area, parents not understanding that too much screen time on TV or computers is limiting time for daily physical activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

Many schools have made their own standards and so the percentages vary widely between districts for physical activity in schools. However, this is not just a matter of school physical activity so communities are working on increasing play space and access to school gyms after hours through joint use and making sure parks and play grounds are safe places to play.

A campaign across Kentucky by the Partnership for a Fit Kentucky and other partners has been instituted called 5-2-1-0. Five fruits and vegetables each day, limit of two hours of screen time per day, 1 hour of physical activity per day and 0 sugar sweetened beverages.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

All local health departments receive funding for physical activity interventions and may choose to work with coalitions, schools, parks and recreation, faith based organizations to increase access to physical activity and to improve policies that will increase opportunity for physical activity in this age group.

Additionally, they supplement with local tax dollars and other state and federal dollars the salaries and interventions done in their communities. Most health departments coordinate or are active members on a coalition in the community that has at least one objective of increasing physical activity for children.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Community Based Training

Between 10/2011 and 09/2012, the Kentucky Physical Activity Program Coordinator will provide training opportunities to all fifty seven local health departments who are funded by the PHHSBG.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the Kentucky Physical Activity Program Coordinator provided training opportunities to all fifty seven local health departments who are funded by the PHHSBG.

Reasons for Success or Barriers/Challenges to Success

Although the position for the Kentucky Physical Activity Coordinator was vacated and not filled due to changes in funding, training opportunities continue to exist in partnership with other programs. the Coordinated School Health Conference was held in June 2012 and included training to impact/increase physical activity in schools. The YMCA hosted a Pioneering Healthy Communities conference in Louisville Kentucky in 2012 and a featured speaker discussed increasing physical activity for children.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with partners who are addressing the same issue and also with private partners who will have access to national experts and statewide conferences.

Additional training opportunities are made available through webinars from national organizations including National Society of Physical Activity Practioners in Public Health (NSPAPPH) and through CDC. These opportunities are shared with funded sites by email list serve.

Activity 1:

Built Environment

Between 10/2011 and 09/2012, The state Physical Activity Program Coordinator will work in collaboration with the Partnership for Fit Kentucky, Healthy Communities Initiative and the Department for Transportation to develop and distribute evidence based guidelines on the Built Environment to all 57 local and district health departments funded by the PHHSBG.

Activity Status

Completed

Activity Outcome

All fifty seven local and district health departments received information on Complete Streets and resource listing for the evidence base and strategies to improve the built environment through the community plan and budget process.

Reasons for Success or Barriers/Challenges to Success

There has been no assessment/evaluation of how effective these tools were to the local health departments.

Strategies to Achieve Success or Overcome Barriers/Challenges

Work with internal team to develop a survey to evaluate effectiveness and find out what else funded sites need to be successful in creating a healthy built environment in community.

Activity 2:

Coordinated School Health Training

Between 10/2011 and 09/2012, The state Physical Activity Program Coordinator In partnership with the Coordinated School Health Program, the Kentucky Dietetics Association and Foundation for Healthy Kentucky, will conduct one professional development in service on increasing physical activity opportunities for the school Pupil Personnel Directors, Family Resource Youth Service Centers, and local/district health departments.

Activity Status

Completed

Activity Outcome

The Coordinated Health Conference in Kentucky was held in June 2012 and is sponsored in part by the Kentucky School Board Association.

The purpose the conference: Explore the linkages between coordinated school health programs and a wide variety of positive student outcomes, including increased academic achievement, attendance and graduation rates and decreased achievement gaps;

* more clearly understand your role and how you connect to the program review;

* and learn how to bridge the gap between what schools know and what they do

Reasons for Success or Barriers/Challenges to Success

This is an effective method of bringing together school personnel for a training which also includes physical activity. We have not yet determined that a separate conference would be any more beneficial to bring together school personnel, Family Resource Youth Service Centers and local/district health departments.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with Coordinated School Health and Obesity Program on this conference.

Activity 3:**Professional Development**

Between 10/2011 and 09/2012, In partnership with the Healthy Communities Initiative provide three video conferences or webinars which can be viewed across the state through a wide network on the transformation to physical activity focused healthy communities.

Activity Status

Completed

Activity Outcome

Working in cooperation with the Healthy Communities Coordinator there were three webinars hosted that would improve the process of transformation to physical activity in communities.

Webinar training on Health Impact Assessment so that attendees could understand that assessment is an important process in transformation. This webinar has also been turned into a module to be placed on TRAIN so that people new to the process can participate in the training at will.

Webinar training on Change Tool for all Health Communities coordinators/contact in local public health departments which has also been archived.

Coordinators were invited to participate in Community Commons Training on January 25, 2012 as a national resource.

Reasons for Success or Barriers/Challenges to Success

Training was effective and useful and can be accessed at a later date by those unable to attend and have exposed the attendees to a wide variety of subject matter that impacts transformation to physical activity focus in healthy communities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to balance need for training with number required as well as evaluating effectiveness and accessibility.

Work with national and state wide partners.

Essential Service 4 – Mobilize Partnerships**Impact/Process Objective 1:**

Regional Partnership Coalition Participation

Between 10/2011 and 09/2012, the Kentucky Physical Activity Program Coordinator will increase the percent of local health departments who participate in regional coalitions that effectively address increasing physical activity through policy and environmental change and use of evidence based guidelines from 50 percent to **60 percent**.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the Kentucky Physical Activity Program Coordinator increased the percent of local health departments who participate in regional coalitions that effectively address increasing physical activity through policy and environmental change and use of evidence based guidelines from 50 percent to **82%**.

Reasons for Success or Barriers/Challenges to Success

There are multiple partners working on the need to address physical activity across the state. While every Area Development District has a group working at the regional level on increasing physical activity levels, not all counties or small towns have a coalition.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to provide technical support through webinars, list serves, advising of evidence based strategies, and training opportunities at the state and national level. Work with all partners focused on increasing physical activity and advocacy groups.

Activity 1:**Partnership for a Fit Kentucky**

Between 10/2011 and 09/2012, The state Physical Activity Coordinator will provide site visits, list-serve announcements, save the dates, and invitations to local health departments who are not currently involved in regional meetings in order to increase involvement and impact.

Activity Status

Completed

Activity Outcome

The position for state physical activity coordinator was abolished and the work is now spread between the state Healthy Communities Coordinator, the Obesity Program Coordinator, the Bone and Joint Program Coordinator and regional coordinators for the Partnership for a Fit Kentucky. The Obesity Program Coordinator manages the PFK list serve of over 1,000 recipients and the Healthy Communities Coordinator manages the list serve for the 56 local/district public Healthy Community Coordinators. Site visits are conducted as needed with local coalitions.

Reasons for Success or Barriers/Challenges to Success

This has been an effective way to communicate ongoing training, new announcements for funding opportunities, webinars at the state and national level and requires more interaction and communication between managers.

In addition beginning in July 2012, the Chronic Disease Prevention Branch contracted with the Montgomery County Health Department for an employee with an Exercise Physiology Masters and experience in public health as well. None of the positions in this outcome are funded with PHHSBG, but we believe this creates sustainability.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnership with multiple internal programs, thereby decreasing silos in physical activity communication and planning.

Activity 2:

Second Sunday Initiative

Between 10/2011 and 09/2012, The state Physical Activity Coordinator will provide support and instruction on the Second Sunday Initiative by working collaboratively with local health departments to increase by 10% those communities who agree to close down a road for promoting walking and physical activity in order to promote awareness of environmental and policy change impact.

Activity Status

Completed

Activity Outcome

In Kentucky the Second Sunday Initiative was coordinated by the University of Kentucky Extension Agents, local health departments and local Healthy Community Coalitions or parks and recreational facilities. It is difficult to calculate the true percentage as not all of them reported through extension although we know that many more participated than last year resulting in the 10% increase. See the website at <http://www.2ndsundayky.com/>

Reasons for Success or Barriers/Challenges to Success

It is a challenge to have communities close down a road so many chose to invite people to a park or alternate place to walk and show how easy it is to get out and exercise.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with extension, Department of Transportation, local parks and recreation and local healthy community coalitions.

Impact/Process Objective 2:**PANTA Plus Manual**

Between 10/2011 and 09/2012, the Physical Activity Program, Tobacco Program, Obesity Program, Diabetes Program, Asthma Program, Coordinated School Health and the Kentucky Department for Education will distribute school-based guide book on Physical Activity, Nutrition, Tobacco, and Asthma (PANTA), which was developed in 2006 and was updated in 2010 with new guidelines and resources on evidence based curriculum, best practices, model policies and answers to frequently asked questions, to 50 partners and schools.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the Physical Activity Program, Tobacco Program, Obesity Program, Diabetes Program, Asthma Program, Coordinated School Health and the Kentucky Department for Education distributed school-based guide book on Physical Activity, Nutrition, Tobacco, and Asthma (PANTA), which was developed in 2006 and was updated in 2010 with new guidelines and resources on evidence based curriculum, best practices, model policies and answers to frequently asked questions, to more than 50 partners and schools.

Reasons for Success or Barriers/Challenges to Success

The PANTA guide was updated in 2010, but was going through a process of internal review and a final decision on where funds could be obtained to pay for printing and distribution. Once this approval was made, the PANTA guide was widely distributed through Healthy Communities, Asthma funded sites to schools in their communities, Tobacco Control Program and Obesity.

Strategies to Achieve Success or Overcome Barriers/Challenges

The PANTA guide will not be reprinted when all copies are distributed however it is available on multiple KDPH webpages including Coordinated School Health and Asthma and Physical Activity Program Home Page. <http://chfs.ky.gov/dph/mch/hp/physicalactivityprogram.htm>

Activity 1:**Manual Distribution**

Between 10/2011 and 09/2012, Manuals will be distributed to coalitions, schools, and at partnership meetings with a target of engaging each school district and local/district health department in the state.

Activity Status

Completed

Activity Outcome

Every health department and school district received a copy of the PANTA guide through the Coordinated School Health Conference in June 22 and an additional mailing to other select sites. Additional copies were distributed to Asthma pilot sites and they distributed to these to schools who may not have received a copy.

Reasons for Success or Barriers/Challenges to Success

Printing costs are increasing and it is difficult to have enough copies for distribution to all schools as stated in the objective.

Strategies to Achieve Success or Overcome Barriers/Challenges

Local public health departments, schools, community coalitions are instructed to print their own copies from the multiple available website that are connected with the PANTA guide.

Activity 2:**Technical Assistance**

Between 10/2011 and 09/2012, Programs that partner in development of the PANTA guide will provide assistance to schools as well as agencies and organizations that partner with schools in designing and planning policies and programs, encouraging environmental change, and promoting overall health of students, staff and the school community.

Activity Status

Completed

Activity Outcome

The Partnership for a Fit Kentucky, Coordinated School Health, Kentucky Asthma Partnership, Healthy Communities and the Tobacco Control Program have all worked together to promote the PANTA school resource guide, its usefulness and the resources available within the guide.

Reasons for Success or Barriers/Challenges to Success

The guide is in its second publication and many partners across the state are familiar with the tool.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work collaboratively.

Essential Service 9 – Evaluate health programs**Impact/Process Objective 1:****Evaluation of Physical Activity Strategies**

Between 10/2011 and 09/2012, the Physical Activity Program Coordinator in coordination with the Preventive Health and Health Services Block Grant Coordinator will collect **four** methods of program evaluation for local/district health departments funded through the PHHSBG.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the Physical Activity Program Coordinator in coordination with the Preventive Health and Health Services Block Grant Coordinator collected **four** methods of program evaluation for local/district health departments funded through the PHHSBG.

Reasons for Success or Barriers/Challenges to Success

The PHHSBG team effectively used BRFSS/YRBS, DataMart an internal system, technical assistance and site visits and success stories to evaluate interventions and activities related to funding at the local/district public health departments. Although all have been utilized there is work to be done to develop a consistent method of evaluation, meetings, and record of outcomes for public health.

Strategies to Achieve Success or Overcome Barriers/Challenges

There is an internal work group in the Department for Public Health working on a quality improvement project called Community Plan and Reporting. The purpose of this workgroup is to provide a recommendation to administration regarding needs of both the department and the reporting sites for a consistent overall approach rather than each program developing and purchasing different systems.

Activity 1:

BRFSS and YRBS Data

Between 10/2011 and 09/2012, the Physical Activity Coordinator will work with the state BRFSS program and the Kentucky Department of Education YRBS survey to analyze the core questions related to exercise, physical activity and access to physical activity on the surveys in order to determine impact across the state of PHHSBG funding.

Activity Status

Completed

Activity Outcome

The KY BRFSS Program analyzes data for the Physical Activity Program needs. At this time the KY BRFSS Program is also publishing Area District Profiles so that area districts around the state can access their own comparative data.

The Kentucky Department of Education shares YRBS data widely with partners and the work of the Coordinated School Health Program is located in both KDE and KDPH.

Both of these sets of data were shared at regional forums held in four different areas of the state in 2012 and have been shared with coordinators at local/district public health departments.

Reasons for Success or Barriers/Challenges to Success

This data is widely available and have helped physical activity coordinators/community partners and coalitions look at the data as they are completing their community assessments and their community health improvement plans which are in progress.

Additionally, the data was used during the writing of the Coordinated Chronic Disease Prevention and Health Promotion State Plan -Unbridled Health. This data was disseminated to a large group of stakeholders as priorities and strategies were developed.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnership with the KY BRFSS Program and the KY Department of Education.

Activity 2:

DATAMART activity

Between 10/2011 and 09/2012, Monitor activities of local health departments who input physical activity strategies into DATAMART as a condition of PHHSBG funding.

Activity Status

Completed

Activity Outcome

All 57 local and district health departments reported on activities funded through the PHHSBG. These

included physical activity classes as well as community coalitions.

Reasons for Success or Barriers/Challenges to Success

Although local health departments are required to report, the report is a simple access database and does not allow for text. Total categories, numbers of reach and hours invested are reported.

Strategies to Achieve Success or Overcome Barriers/Challenges

KDPH has a work group that is addressing the Community Reporting System.

Activity 3:

Technical Assistance

Between 10/2011 and 09/2012, The state Physical Activity Program Coordinator will provide technical assistance to local health departments who may need assistance developing, coordinating or completing chosen physical activity strategies. At least 5 sites will be visited annually.

Activity Status

Completed

Activity Outcome

The Physical Activity Program Coordinator position was vacated and not replaced during this year. The duties were taken over in a collaborative effort by the Healthy Community Coordinator, the Arthritis/Osteoporosis Program Coordinator, the Obesity Program Coordinator and the PHHSBG Coordinator. Information was still offered through a variety of list serves and webinars hosted by KY Healthy Communities Program Manager, Arthritis/Osteoporosis Program Manager, and the Obesity Program Manager through the Partnership for a Fit KY and the Chronic Disease Prevention Branch weekly update called Tuesday Topics. There were no site visits during this time for setting up a physical activity program.

Reasons for Success or Barriers/Challenges to Success

It is unknown at this time whether a Physical Activity Coordinator will be hired for the state so the development of a coordinated approach remains the same. There is a need to make the coordination more systematic with planned meetings and documentation.

Strategies to Achieve Success or Overcome Barriers/Challenges

As of July 2012, there is now a training coordinator position in the Chronic Disease Prevention Branch who will be working to coordinate efforts. This role is filled by a person with a Masters in Physical Activity/Exercise Physiology.

Activity 4:

Success Stories

Between 10/2011 and 09/2012, Provide training on Success Stories and receive a draft of a success story for each funded health department.

Activity Status

Not Completed

Activity Outcome

There has been no formal training on Success Stories for this year for the funded health departments. However, all of the information available in the PHHSBG system has been shared with the coordinators at each local health department. Additionally, they were given opportunity to participate in a webinar by NACCHO on the effectiveness of success stories. Because the training was not completed, success stories have not been submitted by all local health departments.

Reasons for Success or Barriers/Challenges to Success

This training was not set up during this time period due to the change in staffing during the current year. This will be a focus area for 2013

Strategies to Achieve Success or Overcome Barriers/Challenges

The most logical way to schedule this training will be through a webinar/and or webcast requesting a national expert to provide the training. Through Kentucky TRAIN, this method should be available.

State Program Title: Rape Crisis Centers-Sexual Assault and Domestic Violence Program

State Program Strategy:

Goal: The overall mission of the Rape Crisis Centers (RCCs) in Kentucky is to lessen the negative and often life altering effects sexual violence and assault have on its victims. These centers are statutorily mandated to provide, at a minimum, crisis telephone lines, crisis intervention and counseling, advocacy services, counseling/mental health services, education/consultation services, professional training and volunteer services. The 13 regional RCCs in Kentucky provide services to victim/survivors of sexual assault and their family and friends.

Priorities: Providing access to medical and legal advocacy in the case of sexual assault to all Kentuckians regardless of geographic area, race, sex, ethnicity or any other perceived barriers is the primary priority of the RCCs as supported through the Department for Community Based Services (DCBS), Family Violence Prevention Branch (FVPB) formerly known as the Division of Violence Prevention Resources (DVPR). One additional major function of the centers is to provide professional training for medical and mental health professionals, health department staff and educators. The RCCs also engage in radio spots, public service announcements, and a month-long awareness and prevention campaign during March which is Sexual Assault Awareness Month in Kentucky.

Role of the PHHSBG: Funding from the PHHSBG is allocated to all 13 regional Rape Crisis Centers by the Cabinet for Health and Family Services, DCBS, and FVPB through a contract with the state sexual assault coalition (Kentucky Association of Sexual Assault Programs or KASAP). The PHHSBG supports the advocacy and educational services offered by these regional Rape Crisis Centers in conjunction with any state general funds, federal funds and other private funding streams or grants.

Partnerships:

Internal Partners include the Cabinet for Health and Family Services, Department for Public Health, Division of Women's Health and the Division of Maternal and Child Health, Chronic Disease Prevention Branch, and the Department for Community Based Services.

External Partners include private physicians, hospitals, mental health centers, Regional Abuse councils, the Kentucky State Police and many local justice jurisdictions as well as private organizations.

Evaluation Methodology: Rape Crisis Centers (RCCs) collect a variety of data for their service array. The number of hotline calls related to victimization, the number of new victims seen physically on-site at the RCCs and the number of times advocates are dispatched for medical or legal advocacy needs are a few of the statistical pieces collected at RCCs. Demographic data are also collected to obtain some estimates of location of interpersonal violence per area development district. Data and statistics are calculated from calls to the hotline as well as certain statistics kept by the Kentucky State Police

National Health Objective: 15-35 Rape or Attempted Rape

State Health Objective(s):

Between 10/2010 and 12/2012, Reduce the rate of forced sexual intercourse or attempted forced sexual intercourse of persons aged eighteen years and older to less than 9.4 per 10,000 persons.

State Health Objective Status

Not Met

State Health Objective Outcome

Final numbers are not available, but it appears that there has been no reduction in the rate of reported forced sexual intercourse during this time period. Although troubling, the right idea is to get victims to

report the crime. It is known from the published Kentucky State Police Uniform Crime Reporting System that in 2009 there were 1,567 rapes reported and in 2010 there were 1,545 rapes reported.

Reasons for Success or Barriers/Challenges to Success

Reasons are not completely understood regarding why the rates have not been reduced despite prevention messages and work of advocacy groups and crisis centers.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with coalitions, and partners such as the Kentucky state police, with universities and colleges, and minority groups as well as with immigrants who may be exploited.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The Rape Crisis Centers are supported by other federal and state tax dollars. The addition of the PHHSBG funds makes it possible to provide adequate staffing and support at all thirteen regional locations.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Advocacy Services

Between 10/2011 and 09/2012, the thirteen Rape Crisis Centers throughout Kentucky will maintain **two** methods of advocacy services - legal and medical- for clients at no cost to the victim, their family or friends.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the thirteen Rape Crisis Centers throughout Kentucky maintained **two** methods of advocacy services - legal and medical- for clients at no cost to the victim, their family or friends.

Reasons for Success or Barriers/Challenges to Success

The Rape Crisis Centers continue to commit resources toward primary prevention strategies and best practice approaches. Prevention is still a challenge but continued access and use of the legal and medical services indicate that people in Kentucky, particularly women trust and utilize the support. There was no report available for 2011 data on Rape from the Kentucky State Police Uniform Crime Reporting System.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnerships, with advocacy groups in in communities focusing on prevention messages as well as increasing knowledge that services are available.

Activity 1:

Medical and Legal advocacy services

Between 10/2011 and 09/2012, Rape Crisis Centers will maintain medical and legal advocacy services at no cost to the client.

Activity Status

Completed

Activity Outcome

The 13 regional Rape Crisis Centers have successfully maintained both legal and medical advocacy services during the 10/2011 – 9/2012 period. All centers provide quarterly programmatic reports to this funder in a timely manner. Reports indicate yearly, incremental increases in both advocacy services. Per regulation, all regional Rape Crisis Centers provide this service at no cost to the victim, their family or friends.

Reasons for Success or Barriers/Challenges to Success

Advocacy continues to a vital and significantly accessed set of services provided by Kentucky's regional rape crisis centers. The 13 regional rape crisis centers in Kentucky are committed to maintaining an efficient and effective infrastructure.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Kentucky Association of Sexual Assault Programs strongly supports these thirteen regional rape crisis centers and provides them with excellent technical assistance and a governance model that empowers its members to make decisions which are best for the constituents of the center.

**Activity 2:
Hotline Calls**

Between 10/2011 and 09/2012, The Rape Crisis Centers will enhance existing outreach methods and provide structure to allow improved access to the crisis hotline which will increase hotline calls by two percent.

Activity Status

Completed

Activity Outcome

The 13 regional rape crisis centers utilize a confidential 800 number that is widely publicized throughout each center's region by print media, social media, billboard usage, television and radio advertising, accessing local non-profit and social issue driven meetings and memberships, and through partnership with RAINN (Rape Abuse Incest National Network) that connects callers from all parts of the state with their closest rape crisis center option. This partnership and improved accessibility structure permits the rape crisis centers to make this free service available to its maximum audience at this time. Programmatic reporting indicates that crisis hotline volume has increased by 23%.

Reasons for Success or Barriers/Challenges to Success

The regional rape crisis centers are committed to the mission and protection of a clients privacy. There are many advocacy partners in the state and awareness strategies.

Strategies to Achieve Success or Overcome Barriers/Challenges

Not applicable